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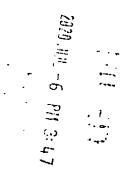
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AUG 1 6 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3561 OLC, LLC Name of Limited Liability Company
The enclosed Articles of Amenament and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pamela Maldonado Name of Person
3561 OLC, LLC Firm-Company
Firm-Company
19053 Fly Rod Run
Address
Loxahatchee, FL 33470
Loxahatchee, FL 33470 Chy/State and Zip Code maldonadomediationa gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ana Cristina Maldonado at 561 301-5174 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3561.OLC, LLC		
(Name of the United Liability Compa (A Florida Limited E	ny as it now appears on our records.) Liability (Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\angle 24444538$	were filed on Dec. 31, 20	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "f.,f.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Porida street address	
•	. Florida	
	Cip:	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signisure of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action Α

MBR	Pamela Maldonado	19053 FlyRodRun	-Add
		Loxahatchee,FL 33470	_□Remove
		33770	_XChange +o
			_ = Add
		•	_ ⊟Remove
			_ TChange
			_ TAdd
			_ □Remove
	 -		_ IIChange
			_ TAdd
			_ □Remove
			Change
			_ ZAdd
		÷ .	_ □Remove
			_ = Change
		• •	Add
			_ □Remove
			_ TChange

If amendi	ng any other information, enter change(s) here: Attach additional sheets, if necessary i
+	
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If an effectiv <u>Note:</u> If th	date, if other than the date of filing: Old 2020 (optional) e date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	6/30/2020
	Signature of a member or authorized representative of a member
	Pamela Maldonado Typed of printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00