To



Note: Please prior this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131

Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLIVER & COMPANY GENERAL CONTRACTOR, LLC.

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COVER LETTER

| TO: Registration So Division of Cor | | • · | | |
|--|--|---|---|--|
| OLIVER & | COMPANY GENERAL CO | NTRACTOR, LLC. | | |
| | Name of Lim | dted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mutted for filing. | | |
| Please return all correspo | endence concerning this matter | to the following: | | |
| | LOPEZ, OLIVER | | | |
| | M | Name of Person | | |
| | | Firm/Company | | |
| | 12511 EARNEST AVENUE | | | |
| | | Address | | |
| | ORLANDO, FL 32837 | | | |
| | | City/State and Zip Code | | |
| | ACCOUNTANT@TAXZO | | | |
| | E-mail address: (| to be used for fittire annual report notif | ication) | |
| or further information o | oncerning this matter, please or | ali: | | |
| LOPEZ, OLIVER | | 407 888-3131 | | |
| Name o | f Person | at (at Code Daytime | : Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| S25.90 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is anciosed) | |

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 To:

#23000(0*80*493

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | City | Zip Goe | le e |
|---|--|--|---------------|
| | , Florida | | |
| | Emer Florida street address | | |
| New Registered Office Address: | T = T(+) 17 | · | |
| Name of New Registered Agent: | | - Fa | |
| Name of Name Designated Agents | | ر ئ | |
| | | ئت ج | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records. enter the ma | me of the p | ew registered |
| | The state of the s | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| 11 THE PAR OFFICE MALIFEST THE ASTROLLY AND RESS. | | ······································ | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new principal offices address, if applicable: | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation "LLC" or the | abbreviation ` | L.L.C." |
| OLIVER WEB DESIGNER LLC | | | |
| A. If amending name, enter the new name of the limited lial | oility company here: | | |
| This amendment is submitted to amend the following: | | | |
| Florida document number L20000107521 | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/20/2020 | and a | ssigned |
| (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| | | | |
| OLIVER & COMPANY GENERAL CONTRACTO | R. LLC. | | |

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 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 |

To:

| <u>Title</u> | Name | Address | Type of Action |
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| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: (optional) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. |
| f the secon | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led. |
| Dated | MARCH 21 2023 |
| | Signature of a member or authorized representative of a member |
| | LOPEZ, OLIVER |
| | Typed or printed name of signee |