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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

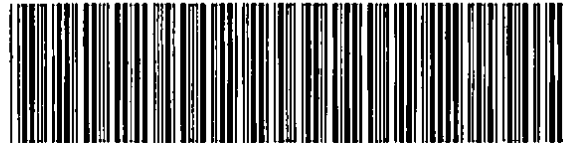
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 SEP 29 PM 4:13

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Olive Branch Group LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolee Ryan Giannetta
Name of Person

Olive Branch Group LLC
Firm/Company

33 Crompton Place
Address

Palm Coast, FL 32137
City/State and Zip Code

ryan.carolde@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolee Giannetta at (302) 290-7868
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Olive Branch Group uc

If Changing Registered Agent, Signature of New Registered Agent

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1BR	Rocky R. Giannetta	33 Crompton Place	<input type="checkbox"/> Add
		Palm Coast FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
1BR	Carol R. Giannetta	33 Crompton Place	<input checked="" type="checkbox"/> Add
		Palm Coast FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

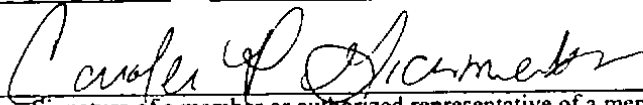
Effective date, if other than the date of filing: _____ (optional)

If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ie record 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
ord is filed.

Dated ^{CG} ~~Sept 21~~ Sept 21, 2020.



Signature of a member or authorized representative of a member

Carolee R. Giannetta

Typed or printed name of signer