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COVER LETTER

Registration Section Division of Corporations

JECT:	Olive Bra	nch Group LLC	-
	Name of Limit	ed Liability Company	
enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
se return all correspor	dence concerning this matter to	o the following:	
	Carole	e Ryan Ciano Name of Person	retta
	Olive	Branch Group Firm/Company	LLC
	33 Crom	Address	<u></u>
	Palm Coast	, FL 3213	37
	ryan caro	City/State and Zip Code I de e g mail. Code be used for future annual report notifi	_on
further information co	oncerning this matter, please ca		,
	_		
Laro	lee Giannetto	1 at (302) 290 Area Code Daytime	-7818
Name of	Person	Area Code Daytime	: Telephone Number
losed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olive Branch Group (Name of the Limited Liability Company as it now appears on our records.) Articles of Organization for this Limited Liability Company were filed on _ and assigned . L20000256798 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

R = Manager BR = Authorized Member

<u>e</u>	Name	Address	Type of Action
1 <i>B</i> C	Rocky R. Giannetta	33 Crampton Place	□Add
	• =	Palm Coast FL 32137	Remove
			□Change
1BR	Carolee R. Giarreta	33 Crompton Place	[X Add
		Palm Coast FL 32164	□ Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change
	 		
			□Remove
			Change

_	
tiv	ve date, if other than the date of filing:(optional)
fe	ve date, if other than the date of filing: (optional) ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ne	ent's effective date on the Department of State's records.
ord	I 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

i _	10/2/200 Sept 21. 2020.
	Signature of a member or authorized representative of a member
	<u> </u>
	Carolee R. Giannetta

E. 635 00