## L20000284944

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	norations		
<b>*</b>	Olleidrae			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspoi	ndence concerning this matter	to the following:	
		James Cardiello		
			Name of Person	
		Olleidrac LLC		
			Firm/Company	<del> </del>
		3865 NW 124 Ave		
			Address	
		Coral Springs, Florida 330	65	
			City/State and Zip Code	
		jge360@gmail.com		
		E-mail address: (	to be used for future annual report not	iffication)
For further i	nformation ec	ncerning this matter, please ca	all:	
James Cardi	ello		954 818 6900	
<del></del>	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■ \$25.00</b> (		L! \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		Street Address: Registration Se	ection
		orporations	Division of Co	rporations
P.0	D. Box 632'	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Olleidrac LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 11, 2020	and assigned
Torida document number 1.20000284944		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.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)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the nam</u>	ne of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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, Signature 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>	<u>Name</u>	Address	Type of Action
ıngr	Keziah Cardiello	3865 NW 124 Ave, Coral Springs, FI 33065	🗀 A <b>d</b> d
			Remove
			□Change
			□Add
			□Remove
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<del></del>	
ote: If the date inserted in this b	needate of filing:
record specifies a delayed effecti	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effecti- is filed.	
record specifies a delayed effecti is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effection is filed.	
record specifies a delayed effecti Lis filed.	Signature of fourther or multiplicative of a mountain
record specifies a delayed effection is filed.	2024

Filing Fee: \$25.00