L20000298470

(R	equestor's Name)	
(Ā	.ddress)	
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(1	daless)	
(C	city/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
	Luciana Catio Mar	
(5	Business Entity Nar	me)
(C	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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3011 HA 7-1 Detail

C. GOLDEN 0CT - 8 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/7/2020	**WALK	′ <i>П\/*</i> *
OLLIE A		H₩
ENTITY NAME OLLIE A	ND MOMO LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
****	CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI	CON	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

77 16 1-7 PH 1:26

OLLIE AND MOMO LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000298470}{1.0000298470}$	were filed on $\frac{09-22-202}{}$	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1830 Meridian Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Unit 804	
	Miami Beach, FL 3313)
Enter new mailing address, if applicable:	1830 Meridian Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 804	
	Miami Beach, FL 33139	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip 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, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeremy Kenter	1830 Meridian Avenue	Add
		Unit 804	
			🗆 Remove
		Miami Beach, FL 33139	☐ Change
AMBR	Brenda Diamond	1830 Meridian Avenue	
		Unit \$04	
			☐ Remove
		Miami Beach, FL 33139	☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
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			□ Add
			□ Remove
			Change

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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date mu 1 If the date inserted in this b iment's effective date on the E	st be specific and cannot be pr lock does not meet the app	licable statutory filing	e than 90 days after filing.) Purs requirements, this date will	mant to 605.0 not be listed
ecord specifies a delaye ne 90th day after the rec		not an effective tin	ne, at 12:01 a.m. on t	he earlie
d	2020	·		
40.1		thorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00