

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : J. FISCHER & ASSOCIATES, INC.
Account Number : I19990000042
Phone : (561)799-3810
Fax Number : (561)799-1818

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

Email Address: OLIVERFAMILY2012 @ AMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IVY DOOR, LLC**

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MAR - 8 2021

M. SOLOMON

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

IVY DOOR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/21/2020 and assigned
Florida document number L20000393151

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OLIVER COUNSELING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4652 SW BRANCH TERRACE W

PALM CITY FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4652 SW BRANCH TERRACE W

PALM CITY FL 34990

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NATHAN OLIVER

New Registered Office Address:

4652 SW BRANCH TERRACE W

Enter Florida street address

PALM CITY

City

Florida 34990

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYN WILKINS	3300 PGA BLVD, STE 605	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NATHAN OLIVER	4652 SW BRANCH TERRACE W	<input checked="" type="checkbox"/> Add
		PALM CITY FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY OLIVER	4652 SW BRANCH TERRACE W	<input checked="" type="checkbox"/> Add
		PALM CITY FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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