h21000060978			
(Requestor's Name) (Address)	100373376891		
(Address)			
(City/State/Zip/Phone #)	09/23/2101006019 **52.50		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: UFORME 12021 1104 Office Use Only	FILED 2021 NOV -9 PH 1:08 SECRETARY OF STUD FALLAHASSEET FOR		



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2021

YVETTE GUZMAN 1523 W NORTH B STREET UNIT 5 TAMPA, FL 33606 US

SUBJECT: OLIVE HEALTH LLC Ref. Number: L21000060978

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 921A00023847

www.sunbiz.org

Division of Octometric DO DOV 6227 Tellahoanon Florida 22214

	i	COVER LETTER		
TO: Registration So Division of Cor				
SUBJECT:	Olive Hea Name of Lin	HH LLC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	 indence concerning this matter	to the following:		
	yvet	te guzman Name of Person		
	0k	Ve Health LLC		I
	1523 W.	North B Street	inits	
	Tamo	a FL 33606		
	<u>Olive</u> E-mail address: (City/State and Zip Code	àl.com	
For further information c	 oncerning this matter, please c	all:		
/veffe Name o	Guzman	at (<u>813</u>) <u>389</u> Area Code Daytim	-9474 e Telephone Number	
Enclosed is a check for the	e following amount:			
□ S25.00 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)	1
<u>Mailing Addres</u> Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	<u>Street Address:</u> Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810	

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ARTICLES OF AMENDMENT TO	
ARTICLES OF ORGANIZATION	FILED
OF	2021 NOV -9 PM 1:09
(Name of the Limited Liability Company as it now appears on our s (A Florida Limited Liability Company)	SECRETARY OF STATE
	2 and assigned
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>L21000060978</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	······································
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: Vvetle gvzman	

Name of New Registered Agent:	Vvette avzma	n
New Registered Office Address:		B street units
	Tampa	Florida <u>33606</u>
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	<u>Name</u>		Address			Type of Action
MGR	Ma	rKOliver	1118	Jakeside	vista Pr	🗆 Add
			- Rivery	lakeside iew FL 3	3569	Remove
			<u> </u>			□ Change
			. <u></u>			🗆 Add
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						🗆 Change

D. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an effective date is liste <u>Note:</u> If the date inset	ter than the date of filing:(optional) d, 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)(rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
If the record specifies a del record is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1 / 2 / 2021 . Signature of a member or authorized representative of a member
	Typed or printed name of signce

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