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COVER LETTER

FO: Registration Sec			(4 -	•	
Division of Corp	porations			٠ هد ٠	
aw. THE FOX'7	AND OLIVE TRUCKING CO.	LLC .	-		
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Torrin Bouvia				
		Name of Person			
	THE FOX AND OLIVE T	RUCKING CO. LLC			
	 	Firm/Company			
	4319 Hanging Moss Dr				
		Address			
	Orange Park, Fl				
		City/State and Zip Code			
	ubouvia@gmail.com		<u> </u>		
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please ea	all:			
Torrin Bouvia		225 505-2909			
Name o	f Person	at () Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre		Street Address:	aution		
Registration Division of C		Registration Section Division of Corporations			
P.O. Box 632	-	The Centre of	Tallahassee		
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Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on a ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparida document number 21000000224	any were filed on OZ	162 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Olive Tree Tax Pro LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ω	FIL SERRE DAI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S AM 8: 40 ASSEE, FL
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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 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
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			□ Change
			□Add
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record spe d is filed.	cifies a delayed ef	ffective date, but	not an effectiv	re time, at 12:01	a.m. on the earli	er of: (b) The 90th	n day after the
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,	_ /	Signature	of a member or a	uthorized represer	ntative of a membe	:r	