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A. BUTLER DEC 1 3 2021

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
UBJECT: OLSOH DESIGN GYCOUP, U.C. Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
·	· ·				
		Name of Person	<u> </u>		
	0U	SN DESIGN G	ROUP, CLC- W. Jypites		
	27)	COLONY WAY	W. Jypites		
	Jupi	Ten Florida City/State and Zip Code			
	E-mail address: (CSVR DAY: W	hcation)		
For further information c	oncerning this matter, please ca	all:			
		at (
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
X S25 00 Filing Fee	S30.00 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)		
Mailing Addres		Street Address:			
Registration S		Registration Sec Division of Cor			
Division of C P.O. Box 632		The Centre of T	=		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.....ED

The Articles of Organization for this Limited Liability Company were filed on Street 1 2001 and assigned Florida document number 121000 252 484 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.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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zin Cude The Code	(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
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 "LLC." 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		filed on the 1, tot and assigned
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New Registered Office Address: Enter Florida street address , Florida	B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Enter Florida street address, Florida	Name of New Registered Agent:	
, Florida	New Registered Office Address:	
		Enter Florida street address

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
MGR	JOH OLSON	JUPITER, PLORIDA 334	% Add
		Goffier 1 33 1	□Remove
			□Change
			□Add
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			🗀 Add
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Signature of a member or authorized representative of a member	Dated _	Nov. 17, 202/
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