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2022 FEB 28 PM 3: 04
SECRETARY OF STATE

Y. SCOTT MAR - 5 2022

## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Olympia Cottage LLC  Name of limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
<b>202</b> S € T
Firm/Company PC 2
722 Palm Aue 28 F
Puta Gorda FL 33750  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Grant at (94) 661-124  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee
The Centre of Fandhassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olympia Cottage LL Name of the Limited Liability Compan	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>Lalcoout99199</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2022 元
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FEB 28 PH 3: 04 RETARY OF STATE LLAHASSEE FL
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

## 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 Title Name Address Type of Action 1/c9918 722 Palm Ave Rota Forda FL XRemove \_\_\_\_\_ Change \_\_\_\_\_\_ □Remove Change
22 FEB □ Add D Bembye Change 🗆 \_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_\_ \_\_ \_\_ \_\_ Add 

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