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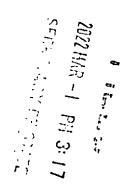
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O SIMMONS
MAR 1 6 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Olive		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christopher C	Wens and Lisa Ou Name of Person	Jens
		Firm/Company	
	14409 Daly R	Address	
	Brooks ville, F	City/State and Zip Code	
	Olive paland E-mail address: (CO Q gmail. Com	ication)
For further information co	oncerning this matter, please ca	all:	
Lisa Owens Name of	Person	at (35a) 65o - Area Code Daytime	8456 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, LA EX **OF**

2022 HAR - 1 PH 3: 17

Olive & Opal LLC	SECRETARY OF A PARE
(Name of the Limited)	Liability Company as it now appears on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L22000697</u>	lity Company were filed on 2/10/2022 and assigned 52.
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	e limited liability company here:
Olive Opal & Co. LLC	
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	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new registere
agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u>_</u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regis	stered 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 adde of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			□ Add
			Remove
		- *	Change
		□ Add	
			Remove
			Change
		Remove	
			□ Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
		-	□ Add
			□ Remove
			Change

	
Effect	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	February 24th 2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member