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22 MAY 16 AM 9: 06

T. MATTHEWS
JUL 19 2022

•		•	COVER LETTER	
	gistration Sec vision of Corp			
cuntrow,		E OLAGUE, LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	Amendment and fec(s) are subn	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	o the following:	
		JEANNETTE OLAGUE		
			Name of Person	
		JEANNETTE OLAGUE, L	IC	
			Firm/Company	
		8311 NW 59TH ST		
			Address	
		TAMARAC, FL 33321	<u> </u>	
			City/State and Zip Code	
		jeannette Lsellsrealestate@g	mail.com o be used for future annual report no	ufication)
For further i	information co	oncerning this matter, please ca		•
JEANNET	TE OLAGUE		909 379-8090 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00	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 Address:

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE OF STATE OF ORVISION OF CORPORATION

JEANNETTE OLAGUE, LLC

22 MAY 16 AM 9: 06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 20, 2022 and assigned Florida document number 1.22(00)188456 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 "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 office address here: Name of New Registered Agent: 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.

City

_____. Florida ___

If amending Authorized Person is) 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
AMBR	JEANNETTE OLAGUE	8311 NW 59TH ST	□Add
		TAMARAC, FL 33321	⊡Remove
			■Change
			□ Add
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date.	i in this block does not	meet the applic	cable statutory II	more than 90 days	optional) after filing) Pursuant to this date will not be	605,0207 : listed as
ne record specifies a delayord is filed.	ed effective date, but n	ot an effective t	ime, at 12:01 a.r	n. on the earlier c	of: (b) The 90th day	after the
Dated MAY 10		2022	·			
		1	Ollican			

Typed or printed name of signee

F_.,