

L230000026096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

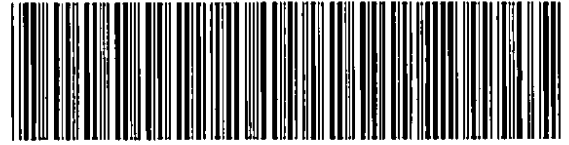
(Business Entity Name)

(Document Number)

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TREASURY

Y. SCOTT

JUL - 8 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ollie and Row Limited Liability Company.  
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:

Abby Parrish  
Name of Person

Firm/Company

1625 Portsmouth Lake Dr.  
Address

Brandon FL 33511  
City/State and Zip Code

abbykaye91@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Parrish at (813) 846-7754  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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 Address:**

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tyler Parrish	1425 Portsmouth Lake Dr.	<input checked="" type="checkbox"/> Add
		Brandon FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Abby Parrish	1425 Portsmouth Lake Dr.	<input type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change ~~from~~ to an S corp.

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STATE OF MICHIGAN

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 5, 2023

Abby Parrish

Signature of a member or authorized representative of a member

Abby Parrish

Typed or printed name of signee

Filing Fee: \$25.00