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## **COVER LETTER**

TO: Registration Se Division of Cor			
i 19 Olymp	us Way LLC		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		
	Thomas Sulger		
		Name of Person	
		Firm/Company	
	20 Leeuwarden Road		
		Address	
	Darien, CT 06820		· ;
		City/State and Zip Code	· :
	sulgerthomas@gmail.com		(Cation)
		to be used for future annual report noti	neamon)
For further information	concerning this matter, please ca	ill:	· · · · · · · · · · · · · · · · · · ·
Thomas Sulger		at () Area Code Daytim	
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Liability Company)	<del></del>
were filed on 03/14/2023	and assigned
ility company here:	
lity Company," the designation "LLC" or the a	obreviation "L.L.C."
20 Leeuwarden Rd, Darien, CT 06820	
	, ;
20 Leeuwarden Rd. Darien, CT 06820	
address on our records ontor the par	no of the now registe
address on our records, emer the nar	ine of the new register
	•
C (1) (1)	
Florida	Zip Code
Cij	
	20 Leeuwarden Rd. Darien, CT 06820 address on our records, enter the nan

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DWS Winningder 2013 Trust	1470 Urania Street, New Orleans, LA 70130	□Add
			■Remove
			□Change
MGR	Thomas C. Sulger Revocable Trust	20 Leeuwarden Rd., Darien, CT 06820	□Add
			■Remove
			□Change
MGR	Thomas Sulger	20 Leeuwarden Rd., Darien, CT 06820	
			□Remove
			□Change
MGR	Dana Sulger	20 Leeuwarden Rd., Darien, CT 06820	t ■ Add
			<u></u> ⊡Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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fective date, if other an effective date is listed ote: If the date insert ocument's effective date.	ted in this block does	s not meet the appl	licable statutory i	or more than 90 day iling requiremen	(optional) is after filing.) Pursu is, this date will n	ant to 605.01 ot be listed
record specifies a dela is filed.	ayed effective date, b	ut not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th	day after t
March 23		. 2023	·			
	Tm-c5.	re of a member or au				

Filing Fee: \$25.00 Doc ID: 25220ec5e7c4c281072208d145bd9f1586a7c019