## L23000 199253

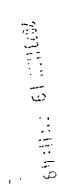
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

	Olace LLC  ited Liability Company	_
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter to	to the following:	
Monica E	Echevenia Name of Person	
	Firm/Company	
1992 SW Ma	Holehead Way	7873 V
Port St. LL		
E-mail address: (to	City/State and Zip Code  City/State and Zip Code  Compared to be used for future annual report notification)	1
For further information concerning this matter, please ca	all:	
Monica Echeveria Name of Person	at (305) 414-4350 Area Code Daytime Telephone Numb	beī
Enclosed is a check for the following amount:		
∑ \$25.00 Filing Fee	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal 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 Tallahassee, FL 32303	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited	Liability Company as Florida Limited Liabili	it now appea ty Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited Liab	oility Company were	filed on	4/20/2	3 and assigne	d
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of t	he limited liability o	company h	ere:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the c	designation "LLC" or	the abbreviation "L.L.C."	1
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO					
B. If amending the registered agent and/or reg agent and/or the new registered office address		ess on our r	ecords, <u>enter the</u>	name of the new reg	<u>pistered</u>
Name of New Registered Agent:		<del></del> -			
New Registered Office Address:		Enter Flor	rida street address		
			Florid	la	
	and assigned by 000 199253.  mend the following:  new name of the limited liability company here:  Independent of the limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Sees, if applicable:  BE A STREET ADDRESS)  plicable:  STOFFICE BOX)  gent and/or registered office address on our records, enter the name of the new registered office address here:  Agent:  ddress:  Enter Florida street address  Light Code				
New Registered Agent's Signature, if changing Rej	ent is submitted to amend the following:  Ing name, enter the new name of the limited liability company here:  It is distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable:  It is address MUST BE A STREET ADDRESS)  In alling address, if applicable:  It is submitted to amend the following:  It is designation "LLC" or the abbreviation "LLC."  In address MUST BE A STREET ADDRESS)  In alling address, if applicable:  It is address MAY BE A POST OFFICE BOX)  In a submitted to amend the following:  It is address on our records, enter the name of the new registered the new registered office address here:  It is a submitted to amend the following:  It is a submitted Liability Company here:  It is a submitted to amend the following:  It is a submitted to amend the following:  It is a submitted Liability Company here:  It is a submitted to amend the following:  It is a submitted to amend the following:  It is a submitted Liability Company here:  It is a submitted Liability Company, "the designation "LLC" or the abbreviation "LLC" or the abbrevi				

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 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>		Address	Type of Action
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			Port St. Lucie, FL34953	
				□Change
VicePre	sident Soc	<u>crates Pichar</u>	-do	□Add
			1992SW Marblehead Way	□Remove
			Port St. Lucie FZ 34953	[v]Change
			· ·	;□Add
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n effective date is listen ote: If the date inser	er than the date of fi d, the date must be specific ted in this block does n late on the Department	c and cannot be prior to not meet the applical	o date of filing or more	(option: than 90 days after fili equirements, this da	na ) Pureua	nt to 605.02 t be listed
ecord specifies a del is filed.	ayed effective date, but	not an effective tin	nc, at 12:01 a.m. on	the earlier of: (b)	The 90th (	day after th
ted <u>5/17</u>	123					
		(C)b)				
	·	of a member or author				