## 100000005093

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TO MAY -4 PH 2: 02

Anend N.C. C.COULLIETTE

MAY 1 1 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLE TA RIJEY	noventure Associati	on inc
DOCUMENT NUMBER: <u> </u>		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
KATZIT MORDECH.	wy	
(Name of C	Contact Person)	
(Firm/	Company)	
0		
285 FEFN DF		
(Ad	ddress)	
285 Fern 07 (Activity) State	3326	
(City/ State	and Zip Code)	
mothez (a) H	of may com for future annual report notificati	
E-mail address: No-be used	for future annual report notificati	on)
For further information concerning this matter, please	call:	
<i>t</i>		
(Name of Contact Person)	at (954 ) 639	<b>3666</b>
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department o	f State:
▼ \$35 Filing Fee	☐ \$43.75 Filing Fee &	□ \$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status
	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is enclosed)
Mailing Address	Street Address	<i></i> ,
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	3
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

OLETA BIVET ALVE		ssociation in	C.
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of Sta	<u>ıte</u> )
<u>N0000000 5093</u>		(:£1)	<u> </u>
(Document N	lumber of Corporation	on (II Known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		this <i>Florida Not For P</i>	rofit Corporation adopts
A. If amending name, enter the new name  FRENDS OF OLE  The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	TA RIVER	State PARK "corporation" or "inco	INU prporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)			11 MAY -4 PM 2:0
D. If amending the registered agent and/onew registered agent and/or the new re			ter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Florid	la street address)	_
		(City)	_, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.			ot the obligations of the
_	Signature of New	Registered Agent, if cha	unging

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
	voss, John	600 ne 36 St 4140 mam Fl 33161	☐ Add ☐ Remove
<u> </u>	LAURIE LEE	8368. S. Missonwood CIA MIRAMAY FL 33	Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		

The date of each amendment(s) add	option: 2/27/2011
Effective date if applicable:	5/1/ (date of adoption is required)
<del></del> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated 4/2	3/2011
Signature	mot
have not b	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)