P13000081897

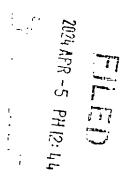
(Requestor's Name)			
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(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Olsson Properties	Inc.	
	NUMBER: P13000081897		
The enclosed Ar	ticles of Amendment and fee are s	ubmitted for filing.	
Please return all	соггеspondence concerning this m	atter to the following:	
	Stephanie Frederick-Olsson		
		Name of Contact Person	1
	Olsson Properties Inc		
		Firm/ Company	
	1115 N New Hampshire Av	e	
	•	Address	
	Tavares, FL 32778		
		City/ State and Zip Code	<u> </u>
		, .	
	admin@352rentals.com		
	E-mail address: (to be t	ised for future annual report	notification)
For further infor	mation concerning this matter, plea	ase call:	
	2		
Stephanie Frede	erick-Olsson	at (352	455-7524
N	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing F	Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303



March 8, 2024

STEPHANIE FREDERICK-OLSSON 1115 N NEW HAMPSHIRE AVE TAVARES, FL 32778

SUBJECT: OLSSON PROPERTIES INC.

Ref. Number: P13000081897

We have received your document for OLSSON PROPERTIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000081897.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 224A00005075

Qer ou con ou

Name Release Affidavit

Date: March 29, 2024

To whom it may concern,	
	oreviously known as Stephanie Olsson) erties Inc. that was established on March 0022813.
I would like to release the name so corporation amendment that I am o	that I may use it for my current profit currently filing for my company.
Thank you,	
Stephone Trede	
Stephanie Frederick	
STATE OF FLORIDA COUNTY OF The foregoing instrument was acknowledged before m notarization, this day of2 Acknowledging).	ne by means of □ physical presence □ online 20by
(Seal)	/4
KAREN HAWTHORNE Notary Public - State of Fiorida Commission # HH 266461 My Comm. Expires May 22, 2026	Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification: Type of Identification Produced:

Articles of Amendment to Articles of Incorporation

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FILED	
tly filed with the Florida Dept of Sfate) -5 PH 12: 44	
75 PH 12: 41	
of Corporation (if known)	
•	
s Florida Profit Corporation adopts the following amendment	
The nev	
"company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the word."	
1115 N New Hampshire Ave	
Tavares, FL 32778	
1115 N New Hampshire Ave	
Tavares, FL 32778	
dress in Florida, enter the name of the	
_	
and address)	
treet address)	
(City) , Florida (Zip Code)	
(City) (Zip Code)	
<u>t:</u>	
with and accept the obligations of the position.	
Registered Agent, if changing	
) (e), F.S.	

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		,4000000	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sneets	additional Artic , if necessary).	(Be specific)			
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			<u></u>	<u> </u>	<u> </u>
					
	ides for an exchi	ange reclassificat	rion, or cancellation	of issued shares.	
If an amendment provi	enting the amen	dment if not con	tained in the amen	dment itself:	
If an amendment provi provisions for implem	indicate N/4)				
If an amendment provi provisions for implem (if not applicable,	murcuie 1471)				
provisions for implem (if not applicable,					
provisions for implem (if not applicable,					
provisions for implem (if not applicable,	murcure 10/1)			-	
provisions for implem (if not applicable,					
provisions for implem (if not applicable,					
provisions for implem (if not applicable,	murcure 10/1)				
provisions for implem (if not applicable,	murcure 1071)				
If an amendment provi provisions for implem (if not applicable, I	murcure 1071)				

The date of each amendmen	(s) adoption: March 11, 2019	, if other than the
date this document was signed		
Effective date if applicable:	February 12, 2024	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amen ere sufficient for approval.	dment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following ad for each voting group entitled to vote separately on the amendment(statement (s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
· ———	(voting group)	
Dated 02/12	/2024	
Signature _	Sagrine Denie	
(F	by a director, president or other officer - if directors or officers have not elected, by an incorporator - if in the hands of a receiver, trustee, or other	ot been her court
	opointed fiduciary by that fiduciary)	
	Stephanie Olsson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	