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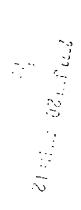
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations						
SHRIFCT:	ORVA	MG LLC					
Souther.	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	JUAN CARLOS VARGA	S ORTIZ					
	***	Name of Person					
	ORVA MG LLC						
ORVA MG LLC  Firm/Company  211 BROADWAY  Address  KISSIMMEE, FL 34741  City/State and Zip Code info@anaecheverriassociates.com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  UAN CARLOS VARGAS  Name of Person  Area Code  Daytime Telephone Number  inclosed is a check for the following amount:  \$\begin{array}{c} \$\$ \$25.00 \text{ Filing Fee} & \$\$ \$60.00 \text{ Filing Fee} & \$\$ \$\$ \$\$ \$\$ \$\$ Certificate of Status \$\$ \$\$ \$\$ Certified Copy (additional copy is enclosed) \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$							
	ORVA MG LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filling.  the return all correspondence concerning this matter to the following:    JUAN CARLOS VARGAS ORTIZ						
ORVA MG LLC  Firm/Company  211 BROADWAY  Address  KISSIMMEE, FL 34741  City/State and Zip Code info@anaecheverriassociates.com							
	KISSIMMEE, FL 34741						
		City/State and Zip Code	• • • • • • • • • • • • • • • • • • • •				
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For further information of			ancatony				
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		at ()					
Name o	f Person	Area Code Daytii	me Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &				
			ection				
Division of C	Corporations	Division of Corporations					
P.O. Box 632 Tallahassee, 1		The Centre of					
i allallassee, l	L L J _ J L T	ZHIJIN, MOIII	415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORVA MG LLC			
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>r)</u>
The Articles of Organization for this Limited	Liability Compar	ny were filed on 01/10/2023	and assigned
Torida document number 1.22000052563			
This amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
			ذ.
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	Ε <u>ΒΟΧ)</u>		
			· · · · · · · · · · · · · · · · · · ·
			. —
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	e address on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	;
		, Fla	orida
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	JUAN CARLOS VARGAS ORTIZ	211 BROADWAY KISSIMMEE FL 34741	□ Add
			□Remove
			\alpha Change
AMBR	SERGIO A ORTIZ SUAREZ	211 BROADWAY KISSIMMEE FL 34741	[ ]Add
			□Remove
			<b>■</b> Change
AMBR	ORVA MEDICAL GROUP SAS	KR 42 #5 C-49 CALI VALLE COLOMBIA	□Add
<del></del>			□Remove
			: : :\\ 
N/A	N/A	N/A	<u>`</u> □Add:
			.∵ .∵ □Remove
			□Change
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cumer	nt's effective date on the Depa	rtment of Sta	ite's records.					
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Filing Fee: \$25.00