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## **COVER LETTER**

TO:

то:	Registration Se Division of Cor				
eun u	CT.	ORLANDO PREMIUM VE	NTURES, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			ANGELA MACK		
Name of Person					
TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC					
			Firm/Company		
	2295 S. HIAWASSEE RD STE 407F				
		Address ORLANDO-FL 32835			
			ORLANDO-FL 32835		
			City/State and Zip Code		
			@CREATRIXOFFICES.CO		
For fur	ther information c	oncerning this matter, please of	to be used for future annual repo	or normenton)	
10114	ANGELA		407 710-0	9808	
		f Person	at ( )	Daytime Telephone Number	
Enclos	ed is a check for th	ne following amount:			
\$2.	5.00 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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations on 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLAN	NDO PREMIUM	I VENTURES, LLC	
(Name of the Lim	ited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	(日本 の ) (日本
The Articles of Organization for this Limited I	Liability Compa	any were filed on	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	o <u>f the limited I</u>	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE.	ET ADDRESS,	)	
			-
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
	<u> </u>		
<ol> <li>If amending the registered agent and registered agent and/or the new registered or</li> </ol>			er the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida street address	***
		. Florida	
		Сйу	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>	<u>Address</u>	Type of Action
MGRM	MAIA LINS, CAROLINA	RUA DR. JOAO SANTOS FILHO 250 APT 1202	
		RECIFE 50000 BR	
			□ Remove
			Change
			□ Add
			□ Remove
			Change
<del></del>			Add
			Remove
		<del>-</del>	Change
·			□ Add
		<del></del>	☐ Remove
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fan ef <mark>Note:</mark>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Agasto8 1919
	Signature of a member or authorized representative of a member
	GABRIELA R MAIA LINS

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Typed or printed name of signee

Filing Fee: \$25.00