L0500005631

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SECRETARY OF STATE

DIVISION OF CORPORATION 15 JUN 25 AMII: 07

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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
	* OR INVES	TMENTS LLC		
SUBJE	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	ndence concerning this matter	to the following:	
		TIFFANY TURK		
			Name of Person	
		ESO EQUITY GROUP LL	.c	
			Firm/Company	
		150 COCOA ISLES BLVI) #202	
			Address	
		COCOA BEACH (LORID	A 32931	
			City/State and Zip Code	
		TIFFANYSTURK@GMAII	L.COM	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
TIFFA	NY TURK		321 783-5252 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OR INVESTMENTS LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or or or company)	n our records.)	<u></u>
The Articles of Organization for this Limited Liability Florida document number L05000005631		2005	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	limited liability company here	;	
The new name must be distinguishable and contain the words "	Limited Liability Company," the desi	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, enter the	name of the ne
Name of New Registered Agent:		··	
New Registered Office Address:			
	Enter Florida	a street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registo	Ť	•	n code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	ent and agree to act in this cap d complete performance of m d agent as provided for in Cha dered office address, I hereby	y duties, and I anefamu apter 605, F.S. Or; if th	ilian vith and his document is

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
MGR	ORI TAL	150 COCOA ISLES BLVD #202	□ Add
		COCOA BEACH FLORIDA 32931	Remove
			□ Change
MGR	ORSVET LLLP	150 COCOA ISLES BLVD #202	■ Add
		COCOA BEACH FLORIDA 32931	Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
		·	Add
			Remove SECRETARY SECRETARY SECRETARY SECRETARY SECRETARY SECRETARY
			FILEU SEGRETARY OF SJATE 15-CHARM OF GORPORATIONS 15-CHARM OF STATE SEGRETARY OF STATE SEGRETARY OF STATE SEGRETARY OF STATE SEGRETARY OF STATE

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te: If the date inserted in this bloc cument's effective date on the Dep.	e specific and cannot be prior to date of filing to do the statutor of the sta	ry filing requirements, t	iter filing. his date) Pursua will no	ot be listed
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Si	gnature of a member or authorized represe	entative of a member	LEGRE!	Ē	<u> </u>
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			OF STATE	III: 07	STAI OR AI
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Filing Fee: \$25.00