LD6000003863

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(* .0	2,000,	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nam	ne)
(00	Siliess Lility Ivali	ie,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

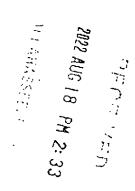
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • • 1-800-342-8062 • Fax (850) 222-1222

ORLANDO REALTY	Y MANAGMENT	
COMPANY, LLC		
, , , , , , , , , , , , , , , , , , , ,		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Arr. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	00/10/22	UCC 1 or 3 File
	08/18/22 Date Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:		stration Section of Corp				
emp inc			ty Managoment Company, LI	rc		
SUBJEC	L1; .		Name of Limi	ted Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub	nitted for filing.		
Please re	turn :	all correspon	dence concerning this matter t	to the following:		
			Stephen D. Korshak			
			,,	Name of Person		
			Orlando Realty Managmen	t Company		
				Firm/Company		
			950 S. Winter Park Drive S	uite 290		
			- "	Address	······································	
			Casselberry, Florida 32707			
				City/State and Zip Code		
			jwalker@korshaklaw.com			
			E-mail address; (t	o be used for future annual re	eport notification)	
For furth	er inf	formation cor	ncerning this matter, please ca	B:		
Jennifer	Walk	er		407 855- at ()	-3333	
		Name of I	Person	Aren Code	Daytime Telepho	one Number
Enclosed	l is a	check for the	following amount:			
≅ \$ 25.	.00 Fi	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 18 AM 9:31

SECHLIANY OF STATE
TALLAHASSEE, FL

Orlando Realty Management Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co Florida document number L06000003863	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ىرىنىد. (<u>ئىسىنى</u> د ىك	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>en</u>	iter the name of the new registered
New Registered Office Address:	7 . 7	D.
	Enter Florida street ad	
	City	, Florida
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties ent as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	ire 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

Title	Name	Address	Type of Action
MGR	Alma Korshak	950 S. Winter Park Drive Suite 290	= Add
		Casselberry, Florida 32707	□Rcmove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			☐ Change
- · · -			□Add
			□Remove
			[]Change
			DAdd
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			Change
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			Change

If amending any other informs	,	men administration of the cess.	
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Effective date, if other than the if an offective date is listed, the date imust Note: If the date inserted in this blo document's effective date on the De	CK does not meet the applicable sta	of filing or more than 90 days after filin aftitory filing requirements, this dat	l) ig.) Pursuant to 605.0207 (3), to will not be listed as the
e record specifies a delayed effective and is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated August 17	2022		
Segles	ignalities of a member or authorized re	presentative of a member	
Stephen D. Korshak			