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EXAMINER



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SECRETARY OF STALL DIVISION OF STARL OF STALL

COVER LETTER

TO: Registration Se Division of Cor		k 3	
SUBJECT: ORAI	IGE KUBE LL	C	
	Name of Limi	ted 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:	
	Mar	cos Garcia	
		Name of Person	
	Martia	N Design Stud	105 LLC
	5860 To	own Bay Dr Address	# 11a
	Boca Rate	City/State and Zip Code Martian clesign obe used for future annual report notifica	
	6	City/State and Zip Code	1 1
	Marcos e	Martianclesign	studios.com
For further information c	oncerning this matter, please c		iiiony .
Marcos	Garcia	a (561) 301 - 29	176
Name o	f Person	at (<u>561)</u> 301 - 29 Area Code & Daytime 1	Celephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
· MAII I	INC ADDDESS.	STREET/COURIE	D ADDDESS.

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

Martian Design		
(Name of the Limited Liability Compa (A Florida Limited)	hy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000115036</u> .	were filed on Dec. 18,200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
ORANGE KUBE LLC		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	5860 Town Bay	Dr #112
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL:	<u>ვვყჵ</u> დ <u>≅</u> ო
		5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable:		721 STATE
(Mailing address MAY BE A POST OFFICE BOX)		=
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:		
New Registered Office Address: 5860	Town Bay DR #1 Enter Florida street ad Raton , Florida	ıa
	Enter Florida street ad	ldress
Boca	. Katon , Florida _	33486
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Act
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Filing Fee: \$25.00