

L11000116204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

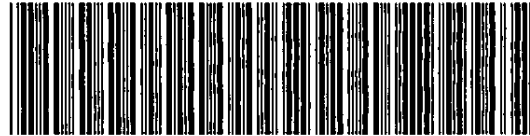
(Document Number)

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2013 APR 24 AM 10:52

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J. SAULSBERRY  
EXAMINER

APR 25 2013

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORP1, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L11000116204

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOSEPH V. PULEO**

(Name of Person)

**ORP1, LLC**

(Name of Firm/Company)

**1013 Lucerne Ave, Ste 202**

(Address)

**Lake Worth, Florida 33460**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Joseph V. Puleo**

(Name of Person)

at ( **561** ) **547-4241**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
TALLAHASSEE, FL 32399  
MAY 1 2013

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**ORP1, 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 Company were filed on 10/11/2011 and assigned  
Florida document number L11000116204.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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**

**MGRM = Managing Member**

[illegible]

2013 APR 24 AM 10:52  
Remove  
STATE  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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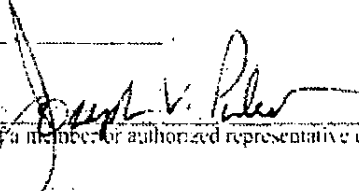
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Dated 4-25-2013

  
Signature of a member, or authorized representative of a member

JOSEPH V. PULEO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 APR 24 AM 10:52  
FBI PORT OF SPAIN  
TRIALS & SECTIONS

FILED