L20000243326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 NOV 18 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JAN 04 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO PREMIUM VENTURES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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-FLORIDA 32835
City/State and Zip Code

ADMIN@CREATRIXOFFICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK at 407 710-0808
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

FILED
2021 NOV 18 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing 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

ORLANDO PREMIUM VENTURES, LLC

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

(A Florida Limited Liability Company)

2021 NOV 18 PM 1:41

The Articles of Organization for this Limited Liability Company were filed on 02/20/2012 and assigned Florida document number L12000024326.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

N/A

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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: N/A

New Registered Office Address: N/A

(Post Office Box not acceptable)

_____, 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 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

Title	Name	Address	Type of Action
MBR	Maia de Carvalho Escobar,Julia	RUA DR. JOAO SANTOS FILHO 250 APT 1202 RECIFE 50000 BR	☐ Add ☐ Remove ☐ Change
MBR	Maia de Carvalho Escobar,Clara	RUA DR. JOAO SANTOS FILHO 250 APT 1202 RECIFE 50000 BR	☐ Add ☐ Remove ☐ Change
MBR	Maia de Carvalho Escobar,Gabriel	RUA DR. JOAO SANTOS FILHO 250 APT 1202 RECIFE 50000 BR	☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SHARES DISTRIBUTION WILL BE ACCORDING TO THE FOLLOWING :

GABRIELA R. MAIA LINS- 0.5%

MARIO J. CARVALHO NETO - 0.5%

CLARA MAIA DE CARVALHO ESCOBAR - 33%

JULIA MAIA DE CARVALHO ESCOBAR - 33%

GABRIEL MAIA DE CARVALHO ESCOBAR - 33%

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 01, 2021

Signature of a member or authorized representative of a member

GABRIELA R. MAIA LINS

Typed or printed name of signee

Filing Fee: $25.00