L13 00000 6688

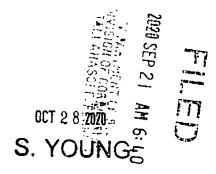
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
,, ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
·	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
	1
	Ì

Office Use Only



200352445302

69/21/20--01020--024 ++25.00



COVER LETTER

TO:		stration Sec sion of Corp						
SUBJE	CT.		ITAL USA LLC					
SUDJE	CI;		Name of Limi	ited Liability Company				
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please r	eturn :	all correspon	dence concerning this matter	to the following:				
			HOLLY BROWN					
			-	Name of Person				
			MF TAX GROUP					
				Firm/Company				
			8409 N MILITARY, SUIT	E 119				
				Address				
			PALM BEACH GARDENS, FL 33410					
				City/State and Zip Code				
			HOLLYB@MFTAXGROU	P.COM				
			E-mail address: (to	o be used for future annual report notifi	ication)			
For furtl	ner int	ormation co	neerning this matter, please ca	U:				
HOLLY	BRC			561 691-1100 at ()				
		Name of I	Person	Area Code Daytime	Telephone Number			
Enclosed	d is a o	check for the	following amount:					
■ \$25.	.00 Fil	ing 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:

TO:

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

ORUS CAPITAL USA LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number CC7091121836 .	SEP SEP
This amendment is submitted to amend the following:	2 T
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1688 MERIDIAN AVENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 420
	MIAMI BEACH, FL 33139
Enter new mailing address, if applicable:	1688 MERIDIAN AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 420
	MIAMI BEACH, FL 33139
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, <u>enter the name of the new</u>
	Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	CHARLES FOUAD MEJJATI ALAMI	1674 MERIDIAN AVENUE	■ Add
_		SUITE #420	
		MANUEL CHEST AND A	Remove
		MIAMI BEACH, FL 33139	Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			
			☐ Remove
			Change
			
			Remove
			Change

_	
_	
-	
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
an effe lote: 1 ocume	ve date, if other than the date of filing:
ated _	September 1, 2020
	- Signature of a member or authorized representative of a member
	CHARLES FOUAD MEJIATI ALAMI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00