

L14 0000 68117

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 15 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORLANDO INTERNATIONAL PARTNERS, 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:

Jose G. Oliveira

Name of Person

Jose G. Oliveira P.A.

Firm/Company

33 E. Robinson St. Ste 215

Address

Orlando, FL 32801

City/State and Zip Code

Jose@oliveiralawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose G. Oliveira

321

445-9458

Name of Person

at (_____) _____
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)

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**

ORLANDO INTERNATIONAL PARTNERS, 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 April 28, 2014 and assigned
Florida document number L14000068117.

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:

33 E. Robinson St. Ste 215

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32801

Enter new mailing address, if applicable:

P.O. Box 2449 Orlando, FL 32802

(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:

Jose G. oliveira P.A.

New Registered Office Address:

33 E. Robinson St. Ste 215

Enter Florida street address

Orlando

City

Florida

32801

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Senem Keskin	P.O. Box 2449 Orlando, FL 32802	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Ersan Songur	121 S. Orange Ave., Ste 1130	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

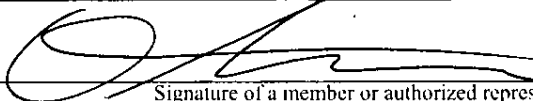
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 4, 2014



Signature of a member or authorized representative of a member

Jose G. Oliveira

Typed or printed name of signee

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Filing Fee: \$25.00

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