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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER JUN -1 2015

COVER LETTER

TO: Registration Section of Corp			
SUBJECT:	ORVA	PRODUCTIO	NS_
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Latora	Snow Name of Person	
	<u>ORI</u>	PRODUCTION Firm/Company	TONS
	5051 W.	Oakland Park Address	Blud. Apt E109
		Lalles, Fl City/State and Zip Code	33313
	Latoya. Je E-mail address:	to be used for future annual report notif	· Com
For further information co	ncerning this matter, please ca	all:	
Latoya Name of	Person	at (754) 214 - Area Code Daytime	7762 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:

í.

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 O	
(Name of the Limited Liability Compar (A Florida Limited L	OCTIONS LLCGGGGAMD: 02 as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15</u> 00010943	were filed on $1/21/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	1711 NE 418+ St.
(Principal office address MUST BE A STREET ADDRESS)	Rompano Beach, FL 33064
Enter new mailing address, if applicable:	1711 NE 41St St.
(Mailing address MAY BE A POST OFFICE BOX)	Rompano Beach, FL 33064
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:	
	Enter Florida street uddress
	Florida

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

Zip Code

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 **Type of Action** Title Name **Address** Michelle Gordon-Mount 1711 NE 41st St. DAdd AUBR Pompano Beach, FL Remove 33064 ☐ Change AMBR Michelle Gordon-Mowatt 1771 NE 41st St. DAdd Pompano Beach, FL - Remove 33064 AMBR Latoya Brown 5051 W. Oakland Bark - Add Blud. Apt # E/09 __ Remove Laud Lalles, FL 33313 Ochange ☐ Add ☐ Remove ☐ Change □\Add ☐ Remove

□ Change

. 11•ame _	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	May 21st 2015
	Signature of a member or authorized representative of a member
	· · ·

Page 3 of 3

Filing Fee: \$25.00