# L15000016957

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
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### **COVER LETTER**

	ration Section on of Corporati	ons				
SUBJECT:	OROZ	IMPORT EX	PORT	INTERN	ATIONAL	·, uc.
		Name of Lim	ited Liability	Company		
The enclosed Ar	rticles of Amen	dment and fee(s) are sub-	mitted for 1	iling.		
Please return all	correspondenc	e concerning this matter	to the follo	wing:		
		GEORGE 1	RIBARO	VSKI		
	<u> </u>		Nam	e of Person		
		RIBAROVSKI	LAW	OFFICE		
			Firm	/Company		
		4701 N.	FEDEL	LAL HU	y. 315	
			Д	ddress	/	
		POMPANO	BEACH	, FL 3	33064	
			•	-		
		FILIP OR 0 E-mail address: (	2 0 H	OTMAIL.	WM	
For further info	rmation concerr	ing this matter, please ca		r ruttre annua	report norme	апон
GEORGE	E RIBAR	ovski	ai (	954	586-4	To 92 Telephone Number
	Name of Perso	n		Area Code	Daytime [	Telephone Number
Enclosed is a ch	eck for the follo	owing amount:				
<b>Ճ</b> \$25.00 Filin	ng Fee □	\$30.00 Filing Fee & Certificate of Status	Cer	00 Filing Fee tified Copy inonal copy is er		□ \$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

# TO ARTICLES OF ORGANIZATION OF

OROZ IMPORT EXPOR		
( <u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L15000016957</u> .	npany were filed on	1 28 , 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
O AND D LLC.		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register		T7 JAN +5
o. It amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Iress
	City ,	Florida 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type o	of Action
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(If an ef <b>Note:</b>	ive date, if other than the date of filing:	tional) ter tiling.) Pu his date wil	irsuant t	to 605.0207 (3)(b) e listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on	the e	arlier of:
Dated	DECEMBER 29 . 2016.			
2	Signature of a member or authorized representative of a member	· · · · · ·		_
	FILIP OROZ			
	Typed or printed name of signee			<del></del>

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Filing Fee: \$25.00