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|) | COVER LETTER | |
|--------------------------------|---|---------------|
| TO: Registratio Division of | on Section Corporations | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are submitted for filing. | |
| | espondence concerning this matter to the following: | · E.C. · |
| | Karma K. Siewharack. Name of Person | " At |
| | Orlando Jouvert Committee, L.L.C. Firm/Company | te te take |
| | 555 Spring Leap Circle | |
| | Winter Garden FL 34787 City/State and Zip Code | page Are but |
| | Orlandojouvertcommittee @ amii.com. E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Karma 726324. Daytime Telephone Number Siewharack. at (718 Name of Person Area Code

Enclosed is a check for the following amount:



S30.00 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

| T * * T | 0 |
|--|---|
| ARTICLES OF (| ORGANIZATION |
| | DIVISION OF CORPORT |
| Orlando Jouvert Name of the Limited Liability Comp. (A Florida Limited | <u>Committee</u> <u>LL C15 APR</u> 10 PM 2:03 Liability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on <u>3-13-2015</u> and assigned |
| Florida document number <u>L1500004605</u> 0 | |
| This amendment is submitted to amend the following: | ۰ |
| A. If amending name, enter the new name of the limited liab | ulity company here: |
| The new name must be distinguishable and end with the words "Limited Lia | bility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | Orlando Jouvert Committee LLC. |
| <u>(Principal office address MUST BE A STREET ADDRESS)</u> | 555 Spring-Leap Circle Winter Garden, FL 34787 |
| Enter new mailing address, if applicable: | Orlando J'euvert Committee, LLC. |
| (Mailing address MAY BE A POST OFFICE BOX) | 555 Spring Leap Circle |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our records, <u>enter the name of the new</u> |

| Name of New Registered Agent: | Karma K. Siew | harack |
|--------------------------------|--|-------------------------------------|
| New Registered Office Address: | 555 Spring Lean EnterPlorida street | address |
| | Winter Garden City | _, Florida <u>34787</u> 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.

W Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| <u>Authorized Member being added or removed free</u> | om our records: |
|--|-----------------|
|--|-----------------|

2

| | Manager Authorized Member | | |
|---------------------------|------------------------------|------------------------------------|-----------------|
| <u>Title</u> Registerd | Name | Address | Type of Action |
| Ag <u>ent</u> | Nunez-Bennett Alance | 17101 Guilford CT | 🗆 Add |
| | ** *** | Orlando FL 32828 | Remove |
| MGR | Siewharcek, Shiva A. | 555 Spring Leap Circl | <u>e_</u> 🗆 Add |
| | | Winker Garden EL 34187 | Remove |
| NGR | Ramkissoon, Yvette | 1289 Sharptonk (ct | 🖸 Add |
| | | Apopka FL 32712 | Remove |
| MOR | Bholia, Dereck | 1539 Oeming Dr Orlando FL 32825 | |
| | | | Add |
| | | | □ Remove |
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| <u></u> | · · · · · · · · · · · · · · · · · · · | SECRETARY OF STATE DIVISION OF CORPORATION |
| | ······································ | 15 APR 10 PM 2:03 |

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 Poril ጜ 2015 when Signature of a member or authorized representative of a member ٦ Siewharack. Typed or printed name of signee Karma

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Filing Fee: \$25.00