

Florida Department of State
Division of Corporations
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L15000103771

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((H16000015561 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALBOOM.COM INC.
Account Number : T20010000062
Phone : (323)962-8600
Fax Number : (323)962-3689

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ORO CLASSICS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176383

FROM Amanda Sando

DATE 1/19/2016 1:58:02 PM PST

RE (((H16000015561 3)))ORO CLASSICS, LLC - LZ # 515490678

COVER MESSAGE

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: ORO CLASSICS, 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:

Cheyenne Moseley_____
Name of Person**Legalzoom.com, Inc.**_____
Firm/Company**100 W. Broadway Suite 100**_____
Address**Glendale, CA 91210**_____
City/State and Zip Code**mbolock@gmail.com**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquezat (**323**) **962-8600 ext 7950**_____
Name of Person_____
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**

ORO CLASSICS, 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 12-07-2015 and assigned
Florida document number L15000103771.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

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

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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

Title	Name	Address	Type of Action
AMBR	Andre Special Jr.	Global Design Development LLC.	<input checked="" type="checkbox"/> Add
		25215 Terra Industrial Dr.	<input type="checkbox"/> Remove
		Chesterfield Township, MI 48051	
AMBR	Shubham Agnihotri	64 Singling 3rd Rd, Beitou	<input checked="" type="checkbox"/> Add
		Taipei, 11252 Taiwan	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2016 JAN 19 AM 8:14:2
FALTA HASTA 11:00:00A

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 1.12.16



Signature of a member or authorized representative of a member

Matt Bolock

Typed or printed name of signer

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Filing Fee: \$25.00

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