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COVER LETTER

| TO: Registration Sect Division of Corpo | | |
|--|---|--|
| SUBJECT: ORC | Group LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of Ar | nendment and fee(s) are submitted for filing. | |
| Please return all correspond | ence concerning this matter to the following: | |
| | Cheryl Conklin | |
| | Name of Person | |
| | Firm/Company | |
| | 212 anchor dr | |
| | Address | |
| | key largo fl 33037 | · |
| | City/State and Zip Code | |
| | orcmanagementgroup@gmail.co | m ₹ ₅₅ ≥ |
| | É-mail address: (to be used for future annual r | eport notification) |
| For further information con | cerning this matter, please call: | eport notification) ASSOCIATION APRIL AP |
| Cheryl Conk | lin _{at} 305, 52 | 22-1954 |
| Name of P | erson Area Code | Daytime Telephone Number 75 5 |
| | | ကြို့် ဟ |
| Enclosed is a check for the | ollowing amount: | 2×, , co |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ORC Group LLC | |
|--|---|-----------------------|
| (Name of the Limited | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lial Florida document number <u>L16000007831</u> | bility Company were filed on 1/11/2016 | and assigned |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of t | the limited liability company here: | |
| ORC M anagement Group, LLC | | |
| The new name must be distinguishable and end with the we | ords "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u>0X)</u> | |
| | | |
| | | |
| | r registered office address on our records, enter | r:the name of the new |
| registered agent and/or the new registered office | ce address here: | |
| | | ER PS |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | - 53 FS |
| | . Florida | |
| | City | 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|---------|--|
| Title | Name | Address | Type of Action |
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| - | | |
| the date this document is filed by the Florida | e prior to date of receipt or filed date and cannot be more t | (optional) han 90 days after |
| Dated April 11 | 2016 | |
| Kenf | nature of a member or authorized representative of a mer | |
| | | |

Page 3 of 3

Filing Fee: \$25.00

SECRETABLY OF STATE