

L16 000 10273F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ . Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287350777

06/30/16--01008--022 **25.00

FILED
16 JUN 30 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 01 2016
J. HARRIS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT:

ORID Investment Group 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:

Shawntravia Pointville

Name of Person

ORID Investment Group LLC.

Firm/Company

780 Fisherman Street Suite 105

Address

Opa Locka, Florida 33056

City/State and Zip Code

sdpointville@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawntravia Pointville

Name of Person

at (305) 494 5007

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

**TO
ARTICLES OF ORGANIZATION
OF**

ORID Investment Group 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 5/25/16 and assigned
Florida document number 116060102738.

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 contain 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)

780 Fisherman Street
Opa Locka, Florida 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

780 Fisherman Street
Opa Locka, Florida 33054

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:

Fito Pointville

New Registered Office Address:

780 Fisherman Street

Enter Florida street address

Opa Locka

City

Florida

33054

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

SECRETAR
OF STATE
FLORIDA
16 JUN 30 4M 10:49
FILED

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

AMBR	Ghawntravia Poinville		<input type="checkbox"/> Add
------	-----------------------	--	------------------------------

☐ Remove

		17700 NW 27th Ave Miami Gardens FL 33092	<input checked="" type="checkbox"/> Change
--	--	--	--

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☒ Add

☐ Remove

☐ Change

☒ Add

☐ Remove

☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10

AM 10:49

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 20th

2016

Signature of a member or authorized representative of a member

Shawntravia Pointville

Typed or printed name of signee

FILED
16 JUN 30 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA