L17000059395

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400297675024

04/17/17--01034--011 **25.00

FILED
17 APR 17 PM 1: 42
SECRETARY OF STATE

S Warren APR 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OR 1270N 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:
JOSE CLEMENTE MORENO Name of Person
ORIZZON GROUP LLC Firm/Company
9147 SHEPTON ST Address
ORIANDO, FLORIDA 32925 City/State and Zip Code
E-mail address: (to be used for luttle annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 675 9315 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$25.00 Filing Fee \& Certificate of Status \$\Bigcup \\$25.00 Filing Fee \& Certificate of Status \& Certificate of S

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

(Name of the Limited Liabilit	Y Company as it now appears (Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L1700059395</u>	ompany were filed on <u>M</u> 	ARCH 15/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here	:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address and/or the new registered office address may be a second of the new registered of the new		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	i street address
		FloridaZip Code
New Registered Agent's Signature, if changing Registered		Z ip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered	omplete performance of m ent as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

SIATE STATE If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEHISSON C. VALENZUEVA	9147 SHEPTON ST ORIANDO IFL 32025	☑ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			TALLAHASSEE, FILL
			HASSEE, FLORRENCE
			TO Remove U

ective d n effective te: If the	ate, if other date is listed, the	than the da	nte of filing: e specific and c	annot be prio	or to date of filing	g or more than	(option 90 days after rements, this	onal) tiling.) Pur s date veill	suant to	605.0207 (3 listed as th
				· 						
										
										
		···· <u>-</u>								

Filing Fee: \$25.00

.2