

L17000123904

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H200000098323ABCY

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

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: joseph@shamylanetworks.com

2020 JAN 13 PM 2:12
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TALLAHASSEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORIDA PROPERTIES LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge | \$25.00 |

Y SULKER

JHclp1 2020

Electronic Filing Menu Corporate Filing Menu



January 10, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ORIDA PROPERTIES LLC
54 EAST 333
H1
NEW YORK, NY 10022US

SUBJECT: ORIDA PROPERTIES LLC
REF: L17000123904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000009832
Letter Number: 120A00000714

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORIDA PROPERTIES 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 06/06/2017 and assigned Florida document number L17000123904.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3301 NE 183RD STREET
STE 1907
AVENTURA, FL 33160

FILED
2020 JAN 13 PM 2:23
TALLAHASSEE

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:

3301 NE 183RD STREET STE 1907

Enter Florida street address

AVENTURA

Florida 33160

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|----------------------|--|
| AMBR | ORNA B.D.M.Y LTD | 3301 NE 183RD STREET | <input type="checkbox"/> Add |
| | | STE 1907 | <input type="checkbox"/> Remove |
| | | AVENTURA, FL 33160 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

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 01/08 _____ 2020

✓

Signature of a member or authorized representative of a member

Orna Reginiani C/O ORNA B.D.M.Y LTD

Typed or printed name of signee