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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

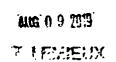
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ORFEU U:	SA LLC		
SUBJE	c: <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		PAULO C FACTOR	-	
		NETWORK FOR PRO LI	Name of Person	
		Firm/Company 6220 S ORANGE BLOSSOM TRL, STE 600		
		ORLANDO, FL, 32809	Address	
		SAFETY@SAFETYTAX.	City/State and Zip Code	-
For furth	ner information c	E-mail address: (to be used for future annual report notifi all:	cation)
PAULO	C FACTOR		407 888-4747 ut ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

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

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



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED 2879 AUG -5 P 3 56 **OF**

ORFEU USA LLC

(Name of the Limited Liability Company as it now appears on the Central SSEE. FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/27/2017</u>	and assigned
Florida document number L17000139586		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	L17000139586 ed to amend the following: ter the new name of the limited liability company here: shable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." es address, if applicable: AUST BE A STREET ADDRESS) ss, if applicable: EA POST OFFICE BOX) gistered agent and/or registered office address on our records, enter the name of the new to new registered office address here: Diffice Address: Enter Florada street address	
The new name must be distinguishable and contain the words "Limited Liab	oility 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 of registered agent and/or the new registered office address he		, enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	. Flo	rida
	Cuy	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>	Address	Type of Action
MGR	TRILENA CAPITAL VENTURE	MARCY BUILDING, 2ND FLOOR -PURCELL ESTATE	
		ROAD TOWN, VG VG111-0 VG	
			■ Remove
			Change
MGR	TRILENA CAPITAL VENTURE SPC LTD	MARCY BUILDING, 2ND FLOOR -PURCELL ESTATE	= Add
		ROAD TOWN, VG VG111-0 VG	II 11
		-	□ Remove
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ective date, if other than t	he date of filing:	or to date of filing or more that	(optional) n 90 days after filing.) Pursuant to	605.020
te: If the date inserted in this	block does not meet the appl	licable statutory filing requ	rements, this date will not be	listed a
cument's effective date on the	Department of State's record	18.		
record enecifies a delay	and effective date, but i	not an effective time	at 12:01 a.m. on the ea	rlier c
The 90th day after the r	ecord is filed.	iot an enective time,	at 12.01 a.m. on the co	c.
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Typed or printed name of signee

Filing Fee: \$25.00