Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000145957 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(<

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

: (407)898-1757

: (407)897-5336

Fax Number

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. **

INFO Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO PLUS LLC

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05/2/2019

07:39 AM

HTO 18506176383 FROM: 5612934213

COVER LETTER

			OTT PET (OOLT)	PD ADDRESS.
Enclosed is		le following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Nume o	f Person	Area Code Daytin	e Telephone Number
JULIA TE	DESCO		407 898-1757 at ()	
For further	information c	oncerning this matter, please c	all:	
		E-muil address: (to be used for future annual report not	ification)
		INFO@ABKCORP.COM	City/State and Zip Code	
		ORLANDO, FL 32311	, idailas	5 (*) 20 - 20 (*) 20 - 20 (*)
			Address	
		5301 CONROY ROAD ST	Firm/Company UTTE 140	
		ACCOUNT BOOKKEEP		
			Name of Person	
		ЛИЛА TEDESCO		
Please retu	m ali correspo	ondence concerning this matter	to the following:	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		Name Of IAII.	ned Claimity Company	
SUBJECT		O PLUS LLC	aited Liability Company	
D	ivision of Cor	porations		
	egistration Se			

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 2019 MAY -2 AM 11: 00

APPROVED AND FILED Page: 4 05/2/2019

07:39 AM TO:18506176383 FROM:5612934213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO PLUS LLC					
(Name of the Limite	d Liability Compa A Florida Limited l	iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on 04/06/2018 Florida document number L18000088435			and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the li <u>mited liab</u>	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.L.C."	.
Enter new principal offices address, if applica	ble:	1100 NW 16TH ST		2	
(Principal office address MUST BE A STREET		FORT LAUDERDALE, F	TL 33311	:::3	
		 			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1100 NW 16TH ST		-2 >	ANO ANO FILED
		FORT LAUDERDALE, F	1. 33311	三:3 生	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	or registered of icc address her	ffice address on our rec c:	eords, <u>enter th</u>	e name of t	he new
	1100 NW 16TF	1 ST		-	
New Registered Office Address:	1100111111111	Enter Florida street a	ddress		
	FORT LAUDERDALE Florid		_, Florida <u>33311</u>	a 33311	
		Cto	_, <u></u>	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:				
I hereby accept the appointment as registered	l agent and agr	ee to act in this capacity.	I further agree	to comply w	ith the

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> ESCAN USA CORP	Address 8865 COMMODITY CIR STE 11	Type of Action
AMBR			
		UNIT 101 ORLANDO, FL 32819	■ Remove
			☐ Change
AMBR	MARCUS VINICIUS LARA	11425 WATERSTONE LOOP DR	= Add
		WINDERMERE, FL 34786	□ Remove
			Change
			Add 20
			-2 Change DAdul : 00
			□ Add ···· C
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		<u> </u>	Change
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			☐ Change

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6	05/2/2019 07:39 AM TO:18506176383 FROM:5612934213		
, lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		2019	
		2019 HAY -	
		-2 AH	
		AH II: 00	
*2.50	·		
Note	fective date, if other than the date of filing: [continued 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	(3)(b) the	
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:	
Dated	MAY 1 2019		
	Signature of a member or ayacouzed representative of a member		
	BRUNO OLIVEIRA LOEPERT		
	Typed or printed name of signee		

Page:

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