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TALLAHASSEE, FL

COVER LETTER

	ion Section of Corporations				
HOC SUBJECT:	ORECA, LLC	3			
30LJLC1	Name of Limi	ited Liability Company		•	
	les of Amendment and fee(s) are sub-	_			
	Yury Matovetskiy	•			
	Hooreca, LLC	Name of Person		_	
	3181 S Ocean Dr, Apt 306	Firm/Company		-	
	Hallandale Beach, FL 3300	Address		_	
	hooreca@icloud.com	City/State and Zip Code			
For further inform	E-mail address: (t	to be used for future annual repor	t notification)		
Yury Matovetskiy	-	786 630 220 at ())ı <i>W</i>	adultional —— IRE	phone
1	Name of Person		aytime Telephone Numb	er +46	- 674-25
Enclosed is a check	c for the following amount:				
□ \$25.00 Filing I	Fee \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, atte of Status & d Copy at 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

ARTICLES OF ORGANIZATION OF

FILED

Hooreca, LLC

company has been notified in writing of this change.

2018 SEP 10 PM 4: 58

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE The Articles of Organization for this Limited Liability Company were filed on August 20, 2018 20, 2018 and assigned Florida document number L18000198728 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 "LLC." 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 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: Enter Florida street address _, Florida ___ City 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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Daniil Ginzburg	3181 S Ocean Dr, Apt 306 Hallandale Beach, FL 33009	
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E. Effec	tive date, if other th	an the date of filing:	·		(optional)	
(H°an el	ffective date is listed, the	date must be specific and c	annot be prior to o	late 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 me	et the applicable	e statutory filing re	equirements, this date	will not be listed as the
docui	ment's effective date o	n the Department of Sta	ite's records.			
If the se	seed consider a d	alayed offactive da	ta but sat s	a offactive tim	a at 17,01 a m	on the codior of
	e 90th day after ti	elayed effective da	ite, out not a	iii eiiecuve uiii	e, at 12.01 a.iii.	on the earlier or:
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Datod	September 6 I		2018			
Daice		1111				
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		The state of the s				
	47	Signature of a me	ember or authorize	ed representative of	a member	
	ν					
	Yury Matovetski	iy				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00