

L18000210155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

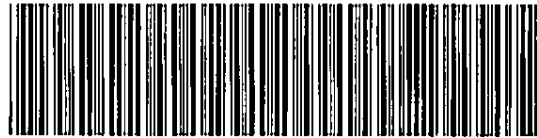
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800352863868

10/03/20--01015--02F ++25.00

2020 OCT -2 AM 10:03
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

FILED

NOV 10 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTRA ORANGE 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:

Ninotchka Hecht

Name of Person

FAST FILING SERVICES LLC

Firm/Company

10450 NW 33RD ST STE 305

Address

DORAL FL 33172

City/State and Zip Code

fastfilingservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NINOTCHKA HECHT

786 762-2048
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF CORPORATIONS
OCT 2 2020

2020 OCT -2 AM 10:03

FILED

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

ULTRA ORANGE 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 09/04/2018 and assigned Florida document number L18000210155.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

7610 NW 25TH ST STE 02

MIAMI FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7610 NW 25TH ST STE 02

MIAMI FL 33122

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:

N/A

New Registered Office Address:

7610 NW 25TH ST STE 02

Enter Florida street address

MIAMI

City

Florida

33122

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2020 OCT 2 2 AM 10:03
FILED
CLERK OF DISTRICT COURT
JANUARY 2021

FILED

9/28/2020

Mail - Nino:cnka neom - Court

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

N/A

2020 OCT -2 AM 10:03

FILED

CLERK OF STATE
COURT OF APPEALS
1000 STEEL DR NW
TALLAHASSEE, FL 32301

E. Effective date, if other than the date of filing: 09/01/2020 (optional)
If the effective date is listed for this court's records, it must be prior to date of filing or more than 90 days after filing. (Pursuant to GRS (2017) (3)(b))
Note: If the date in this block does not meet the applicable statutory filing requirement, this date will not be listed as the effective date on the court'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 SEPT 01 2020

Signature of filer or filer's representative

SIRA CLAUDIO

Filing Fee: \$25.00