

L18000241014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

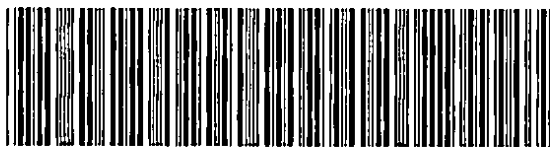
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/19--01012--011 **25.00

FILED

2019 MAR -1 AM 11:33

SCOTT COUNTY
TALLAHASSEE, FL

R. WHITE
MAR 11 2019

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: ORA LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana Conforti
Name of Person

ORA LLC
Firm/Company

9833 Trumpet Vine Loop
Address

Trinity, FL 34655
City/State and Zip Code

dianaconforti@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Conforti at (727) 312-6946
Name of Person Area Code Daytime Telephone Number

Payment 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 MAR -1 AM 11:33

ORA LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on _____ and assigned
document number L18000241014

amendment is submitted to amend the following:

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

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

**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

Zip Code

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
understand 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

removed from our records:

R = Manager

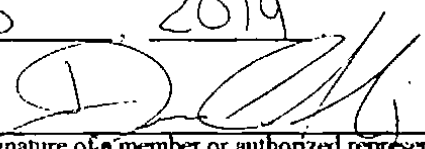
BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Angela Trejos	10609 Tarpon Springs Rd. Odessa, FL 33556	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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Lined area for document content.

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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated February 25, 2019


Signature of a member or authorized representative of a member

Diana Conforti

Typed or printed name of signee