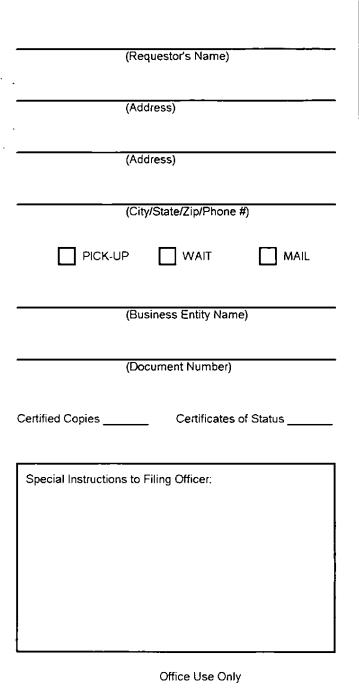
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2020 HTT -8 PM 2: 11

C GOLDEN MAY 2 8 2020

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	tware Solutions		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
	ondence concerning this matter		
	Roland Salloum		
		Name of Person	
	Law Office of Roland Salle	oum	
	515 North Fle	Firm/Company State State	P-360
		Address	1-300
	West Palm Beach, Florida	33401	
		City/State and Zip Code	
	R@Salloum.Legal	to be used for future annual report notif	
For further information c	oncerning this matter, please ca		ncaison)
Roland Salloum		561 351.2451	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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)
Mailing Address		Street Address:	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orchid Software Solutions LLC

2020 H ... - 8 PH 2: 17

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

company here: company," the designation "LLC" or the solution of the solution	he abbreviation "L.L.C."
ompany," the designation "LLC" or the South Flagler Drive rate P-300	he abbreviation "L.L.C."
ompany," the designation "LLC" or the South Flagler Drive rate P-300	he abbreviation "L.L.C."
5 North Flagler Drive	he abbreviation "L.L.C."
nite P-300	•
	
est Palm Beach, Floirda 33401	
515 North Flagler Drive	
Suite P-300	
West Palm Beach, Florida 33401	
uite P-300	name of the new re
	
Enter Florida street address	
Florida	aZip Code
	Enter Florida street address , Florid: , 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 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
			□Remove
			□Change
·			□Add
			□Remove
			Change
		 	□Add
			□Remove
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		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		***	□Remove

			
		<u> </u>	
****	·		
-	-		
			
			
Note: If the date inserted in thi	the date of filing:	ate of filing or more than 90 days statutory filing requirement	optional) after filing.) Pursuant to 605,0207 (s, this date will not be listed as t
	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
rd is filed.	2020		
rd is filed. Dated May 4	2020 Allows Signature of a member or authorize	d representative of a member	

Filing Fee: \$25.00