

L18 000 257 046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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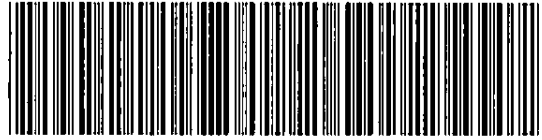
(Business Entity Name)

(Document Number)

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2024 APR 10 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Orchid Software Solutions  
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:

Roland S. Salloun

Name of Person

Firm/Company

515 North Flagler Drive, STE 350

Address

West Palm Beach, Florida 3401

City/State and Zip Code

R@Salloum.Legal

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

For further information concerning this matter, please call:

Roland Salloum                      at ( 561 )                      351.2451

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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. Monroc Street, Suite 810  
Tallahassee, FL 32303

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

Orchid Software Solutions

(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 11/01/2018 and assigned Florida document number L 18000257046

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

515 North Flagler Drive

Suite 350

West Palm Beach, Florida 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

515 North Flagler Drive

Suite 350

West Palm Beach, Florida 33401

**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

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>
MGR	Edward Brockschmidt	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	George Winder	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Roland Salloun	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL  
2011 APR 10 AM 8:20  
APR 10 2011

With this Amendment form, we are updating the company's mailing address, its principal place of business address and the addresses of the Members.

and the addresses of the Members.

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 APR 10 AM 8:20

April 1, 2024

(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 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 \_\_\_\_\_, \_\_\_\_\_.

*Roland Seltzer*  
Signature of a member or authorized repr

Signature of a member or authorized representative of a member

## Roland Salloun

Typed or printed name of signee

**Filing Fee: \$25.00**