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### **COVER LETTER**

Division of Corporations
SUBJECT: OR CANOS CITY MARCHOTING GROUP LCC 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:
A+HOS VI ANA Name of Person
ORLANDO CITY MAZGETING GROUP
7837 MALCORCA CT
OCLAUDD VIIQ IDA 3286  A S. ATHOS VIANDO GMAIL COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (221) 3100121  Afrea Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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 AMENDMENT TO ARTICLES OF ORGANIZATION

OF	. 1
(Name of the Limited Liability Company	as it dow appears on our records.)  bility Company)
(A FIMULIA DAMES DA	
The Articles of Organization for this Limited Liability Company w Florida document number / / / / / / / / / / / / / / / / / / /	ere filed on <u>TANUARY</u> Land assigned 19
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ly 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)	
Enter new mailing address, if applicable:	<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	405 V VIANH
New Registered Office Address:	Enter Florida street address
	Date Trongs Street Greek Coa
	Florida

#### 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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

ATHOS VIANT 78 37-MALCIE CA CT Title □ Remove \_□ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

). 11 ani	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	(optional) Sective date, if other than the date of filing:  (optional) Sective 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)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	01-152019, 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00