

# L19000036202

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000036202 3)))



H190000362023ABCX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RAUL VALDES-FAULI, P.A.  
Account Number : I20180000021  
Phone : (786)870-5083  
Fax Number : (786)907-4006

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

Email Address: vlagana@rvf-law.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORBIS AUDACIUM LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2019 JAN 30 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JAN 30 AM 8:00

FILED

FAX AUDIT #H190000362023

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORBIS AUDACIUM 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:

VANESSA LAGANA

Name of Person

RAUL VALDES-FAULI, P.A.

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205

Address

CORAL GABLES, FL 33134

City/State and Zip Code

VLAGANA@RVF-LAW.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

786

870-5083

Name of Person

at ( )  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FAX AUDIT #H190000362023

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT #H190000362023

ORBIS AUDACIUM 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 01/18/2019 and assigned  
Florida document number L19000020772.

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 "LLC."

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**)

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JAN 30 AM 8:00  
19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

City, Florida 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

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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          | GISELA BLOHM-PADULA   | 50 EAST 72 STREET UNIT 11A | <input checked="" type="checkbox"/> Add |
|              |                       | NEW YORK, NY 10021         | <input type="checkbox"/> Remove         |
|              |                       |                            | <input type="checkbox"/> Change         |
| MGR          | CLARISSA PADULA-BLOHM | 50 EAST 72 STREET UNIT 11A | <input checked="" type="checkbox"/> Add |
|              |                       | NEW YORK, NY 10021         | <input type="checkbox"/> Remove         |
|              |                       |                            | <input type="checkbox"/> Change         |
|              |                       |                            | <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         |

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

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19  
SECTION OFFICE  
TALLAHASSEE FLORIDA

F. 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 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 JANUARY 30 2019

Signature of a member or authorized representative of a member

RAUL J. VALDES-FAULI, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee