L19 000 125377

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ess)	
(City/S	itate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Namo	e)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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R. WHITE

2019 JUL -5 PH 3: 04

COVER LETTER

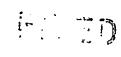
TO: Registration S Division of Co			
	CORCHIDULLC		
SUBJEX.1.	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	ERIC FOSTER		
		Name of Person	
	DIMARCO & ASSOCIAT	FES, CPAS, PA	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	220 PINE AVE N SUITE	A	
		Address	
	OLDSMAR, FL 34677		
	ROB@TAXARTIST.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
ERIC FOSTER		727 787-5290 at ()	
Name	of Person	Area Code Daytime	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL -5 PM 3: 04

BOMBAY ORCHID, 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 L	iability Company were filed on 05/08/2019	and assignc
Florida document number 1.1900(125377		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	or registered office address on our records	s, enter the name of t
registered agent and/or the new registered of	fice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ī y
		oridaZip Code
	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
AMBR	ZACHARY HOBBY	220 PINE AVE N SUITE A OLDSMAR, FL 34677	
			Nati
			■ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
		☐ Remove	
			☐ Change
			Add
			Remove
			☐ Change

E. Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 ((b) The 90th day after the record is filed.
Dated July 1,+ 2019.
Signature of a member or authorized representative of a member
Robert D: Morco Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00