## 219000160852

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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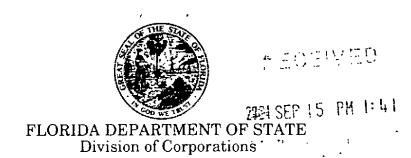


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August 31, 2021

YOLDINE JOSCIRIN 6346 ROSSI DR CANA WINCHESTER, OH 43110

SUBJECT: OROTIKA, LLC Ref. Number: L19000160852

We have received your document for OROTIKA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00020942

Catherine M Brumbley Regulatory Specialist II

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Orotika, LL SUBJECT:	-C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yoldine Joscirin		
		Name of Person	
	Orotika, LLC		
		Firm/Company	<del>.</del>
	6346 Rossi Dr		
		Address	
	Canal Winchester , OH 4	<b>‡</b> 3110	
	_	City/State and Zip Code	
	shopvivorganics@gmail.c		
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Yoldine Joscirin		407 443-8682 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corp	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orotika, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L19000160852	were filed on June 18, 2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
iv Organics,LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1317 Edgewater Dr #4436	
Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32804	<b>20</b>
		75 <b>21</b>
		SP II
nter new mailing address, if applicable:	<del></del>	5.7. J
failing address MAY BE A POST OFFICE BOX)		SET SE
		SF & SF
		e e
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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
MNGR	Jude- Mika Jossirin	5120 Wellington Park Central Apt 25 , Orlando	FL □Add
			Remove
			□Change
			□Add
			□ Remove
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Decument	be specific and cannot be does not meet the	t be prior to date of a applicable stat	filing or more than	(option 90 days after fil rements, this d	! \ P	605.020 listed as
ocument's effective date on the De	partment of State's	records.	·	·		
	• . •	ective time at 1	2:01 a.m. on the e	arlier of: (b)	The OOth days	fter the
record specifies a delayed effective is filed.	date, but not an eff	out to time, at 12			The 90th day a	ner die
August 8	date, but not an eff				The 90th day a	nor ale
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