h20000152661

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2022 AUG 31 AM 8: 09
SECRETARY OF STATE

COVER LETTER

| TO: | Registration Se Division of Cor | | * | | | |
|--|------------------------------------|--|---|---------------------|-----------------------------------|---------|
| CHIR II | CT: Oregg LLC | | | 43- | | |
| 30031 | .c.i | | ited Liability Company | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | | |
| | | Wanda Rapisardi | | | | |
| | | | Name of Person | | | |
| | | ABA-Q Accounting and C | | | 2022 AUG 31 SECRETAR TALLAH | فعناه |
| | | | Firm/Company | | 肥高 | |
| | | 1317 Edgewater Drive #49 | | | | |
| | | | Address | | SSE E | £ |
| | | Orlando, FL, 32804 | | | AM 8: 09 | Z-855-4 |
| SUBJEC The enclosed For furth Wanda F | | | City/State and Zip Code | | , E | |
| | | wanda@ABA-QAccountin | | | | |
| For fur | ther information co | e-nail address: (oncerning this matter, please c | to be used for future annual report noti all: | incation) | | |
| Wanda | n Rapisardi | | at (407) 7642346 | | <u>-</u> | |
| | Name of | f Person | Area Code Daytim | ne Telephone Number | | |
| Enclose | ed is a check for th | e following amount: | | | | |
| ■ \$ 2. | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |
| | | | | | | |

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. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Oregg LLC | ited Lightites C | | | | |
|--|----------------------|---|------------------|----------------|-------------|
| (<u> vame of the Lim</u> | (A Florida Limited i | ony as it now appears on our re Liability Company) | ecoras.) | | |
| The Articles of Organization for this Limited | Liability Company | were filed on June 4th, 20. | 20 | and assi | igned |
| Florida document number L20000152661 | | | | | |
| | <u> </u> | | | | |
| This amendment is submitted to amend the fo | llowing: | | | | |
| A. If amending name, <u>enter the new name</u> | of the limited liab | ility company here: | | | |
| | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abb | reviation "L.I | L.C." |
| Enter new principal offices address, if appli | icable: | 1317 Edgewater Drive #4 | 917 | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | Orlando, FL, 32804 | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 1317 Edgewater Drive #4 | 917 | SE 28 | |
| Mailing address MAY BE A POST OFFICE BOX) | | Orlando, FL, 32804 | FA | 2 AUG | |
| | | | | | ****** |
| | | | | 2 − | indial i |
| If amending the registered agent and/or gent and/or the new registered office addr | | address on our records, <u>e</u> | | · · · | / registere |
| | | | _ · | :=-1 •• | |
| Name of New Registered Agent: | Wanda Rapisar | di | <u>'</u> | 09 09 | |
| New Registered Office Address: | 1317 Edgewate | er Drive #4917 | | | |
| | | Enter Florida street a | ddress | | <u></u> |
| | Orlando | | , Florida 328 | | |
| | | 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> | Address | Type of Action |
|--------------|-------------------------|----------------------------|------------------------|
| MGR | GRUPO RED INTERNATIONAL | 1101 BRICKELL AVENUE SOUTH | C]Add |
| | | TOWER 8TH | ■Remove |
| | | MIAMI, FL 33131 | □Change |
| | | | 🗆 Add |
| | | | □Remove |
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| ffective date, if other than the date of filing: | tive date, if other than the date of filing: | | | | | | · · · · · | | _ |
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| is filed. August 22nd . 2022 | August 22nd . 2022 . Signature of a member or authorized representative of a member | cument's effective date on the De | partment of State's re | cords. | | | | | |
| | Signature of a member or authorized representative of a member | | date, but not an effec | tive time, at 1 | 2:01 a.m. on the e | artier of: (b) | The 90t | h day ai | fter the |
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Filing Fee: \$25.00