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(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Orus Sea Name of Limit	ed Liability Company	
	nendment and fee(s) are subn		
Please return all corresponde	ence concerning this matter t	o the following:	
	Kerry Arg	Name of Person	
	A\	Firm/Company	He 15,
	1025 F. Hallo	andale beach blvd, ±	pallondale beach,
	Hallandale	City/State and Zip Code	33009 13
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information con-	cerning this matter, please ca	dl:	
Verry Arcy	rides	" (S67 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:		Street Address:	•¿om

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Curpius Sea		_
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
	1 1-)
The Articles of Organization for this Limited Liability Company	y were filed on 07/17/206	20 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	/
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		<u></u>
(Trintipul Office unit coo meet a service and a service an		- , !
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muning undress MAT BE ATOST OFFICE BODY		<u> </u>
B. If amending the registered agent and/or registered office	e address on our records, enter th	e 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	
	, Flori	
	City	Zip Code
Now Degistered Agent's Signature if changing Registered Agen	it:	

New Registered Agent's Signature, if changing Régistered 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
AMBR	Kerry Arguides	1025 E. Hallandale beach	6/10 MAdd
	0 0	1025 E. Hallandale beach,	□Remove
		FL, 33009	□Change
			□Add
			🗀 Remove
			Change
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fective date, if other t	han the date of filing:	(optional)
n effective date is listed, the te: If the date inserted:	e date must be specific and cannot be prior to date of filing or me in this block does not meet the applicable statutory filing on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
	I effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after t
is filed.		
ted <u>(0/29/2</u>	b20	
	Signature of a member of authorized representative	of a member