

L20000344633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

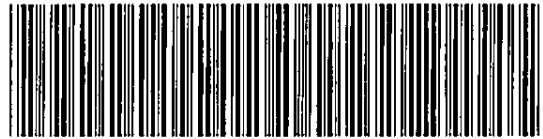
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

2-23-24

Office Use Only



700420933477

01/10/24--01034--016 **30.00

2024 FEB 23 PM 2:52
OFFICE OF THE CLERK
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immaculate Property Investments 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:

Philip Kramer
Name of Person
Immaculate Property Investments LLC
Firm/Company
15882 Osprey Links RD, APT 69
Address
Orlando, Florida 32837
City/State and Zip Code
Philipwoods7445@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Kramer at (407) 435-4189
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7:23 FEB 23 PM 2:33

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Immaculate Property Investments 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 2/8/2024 and assigned Florida document number L20000344633.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Orlando ID Management LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

13882 Osprey Links Road, APT 69
32837, Orlando FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13882 Osprey Links RD, APT 69
32837, Orlando FL

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:

Philip Kramel

New Registered Office Address:

13882 Osprey Links RD, APT 69

Enter Florida street address

Orlando

City

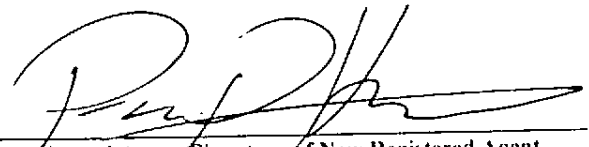
Florida

32837

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immaculate Property Investments 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:

Philip Krause
Name of Person

Immaculate Property Investments LLC
Firm/Company

13862 Osprey Lakes RD, Apt G1 32837 Orlando FL
Address

Orlando, FL 32837
City/State and Zip Code

PhilipWoods7445@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Krause at (407) 435-4189
Name of Person 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 Address:

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

[illegible]

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

I have already sent over the \$30 Cashiers Check
For the Filing Fee and Certificate of Status for the
Name Change of my Business. An updated Name has
been added to the new paperwork.

2024 FEB 23 PM 2:32

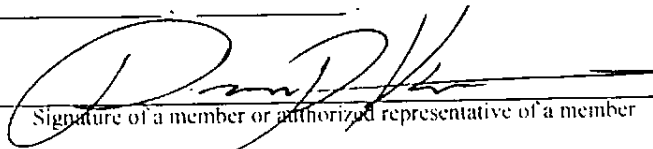
E. Effective date, if other than the date of filing: 02/08/2024 (optional)

(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 2-8-24



Signature of a member or authorized representative of a member

Philip Kramer

Typed or printed name of signee