L20000347653

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O SIMMONS MAR 15 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

AC	COUNT NO.	:	12000000195
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EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

### **COVER LETTER**

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**Registration Section** 

Tallahassee, FL 32314

## **Division of Corporations** The Orlicki Group LLC UBJECT: _ 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: Alyson Rixner Name of Person The Orlicki Group LLC Firm/Company 401 E Jackson Street, Suite 2340 Address Tampa, FL 33602 City/State and Zip Code alyson@orlickigroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alyson Rixner Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2024

THE ORLICKI GROUP ELC AM 10: 06

(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 November 2, 2020 ____ and assigned Florida document number L20000347653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orlicki Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

### 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adocuremoved from our records:

IGR =	Manager
	Authorized Member
	Authorized Michiger

Title	<u>Name</u>	Address	2021 MAR 12 AM 10: 06	Type of Action
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	March 8, 2021
Note: If the date inserted in this	ne date of filing:
ne record specifies a delayed effect ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 8	2021
<b>A</b>	·
	Signature of a member or authorized representative of a member
Alyson Rixner	
·	Typed or printed name of signee

Filing Fee: \$25.00