1210000000861

| (Requestor's Name) |
|---|
| 10000 |
| (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: |
| |
| |
| |
| |
| |
| |

Office Use Only



100359850181

03/18/21--01018--023 **25.00

11/1/2

. COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|---|--|---|---|--|--|
| ORFAN PU | | | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | GOLDA W. CABALLERO |) | | | |
| | | Name of Person | | | |
| | ORFAN PUNC, LLC | | | | |
| | | Firm Company | | | |
| | 12717 WEST SUNRISE BLVD, UNIT 269 | | | | |
| | | Address | ·········· | | |
| | SUNRISE, FL 33323 | | | | |
| | | City/State and Zip Code | | | |
| | CUSTOMERCARE@ORE | | · · · · · · · · · · · · · · · · · · · | | |
| | | to be used for future annual report noti | reaction) | | |
| For further information c | concerning this matter, please c | | | | |
| GOLDA W. CABALLERO | | 954 480-3055 at () | 1 2 | | |
| Name v | of Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for t | 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) | | |
| Mailing Address: Registration Section | | <u>Street Address:</u> Registration Sc | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ORFAN PUNC, LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liab</u> (A Flor | pility Company as it now appears on our records.) ida Limited Liability Company) | · |
| The Articles of Organization for this Limited Liability | Company were filed on 12/31/2020 | and assigned |
| Florida document number 1.21000009851 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| The new name must be distinguishable and contain the words "I. | imited Liability Company." the designation "LLC" or | the abbreviation "U.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 2021 |
| 3. If amending the registered agent and/or register | | name of the new regis |
| gent and/or the new registered office address here | 2: | |
| | | |
| Name of New Registered Agent: | | |
| | | 15 |
| New Registered Office Address: | 77. | |
| | Enter Florida street address | |
| | Florid | la |
| | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------|-------------------------|----------------|
| AMBR | GOLDA W. CABALLERO | 12717 WEST SUNRISE BLVD | i∃Add |
| | | UNIT 269 | □Remove |
| | | SUNRISE, FL 33323 | _ |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | <u></u> | ☐Change |
| | | | |
| | | | Remove |
| | | | □Change |
| | | | DAdd |
| | | | Remove |
| | | | |

Typed or printed name of signee