5/7*1*2021

Division of Corporations

Florida Department of Sat Division of Corporations Hischemic Villing Covereshees

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To:

Division of Corporations

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: (850)517-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880

Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____Tucker.Thoni@Gray-Robinson.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORA RESTAURANT AND LOUNGE, LLC

Certificate of Status	0
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H21000184916 3

ARTICLES OF AMENDMENT A TO ARTICLES OF ORGANIZATION OF

ORA Restaurant and Lounge, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000088475	were filed on 03/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		2021 SEC:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
· :		EVIE THE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lren
		Florida
	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

H21000184916 3

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>	Name	Address	Type of Action
MGR _	Degaz Management, LLC	301 E. Pino Street, Suite #1400	\ _Add
		Orlando, FL 32801	= Remove
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MOR	Dagaz Management, LLC	301 E. Pinc Street, Suite #1400	21 HAY
		Orlando, PL 32801	SS DRemove
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Mective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	the specific and canno ock does not meet th	e applicable statuto:	ry filing requirements	after filing.) Pursual t, this date will not	nt to 605.020 the listed a
record specifies a delayed effective is filed.	o date, but not an ef	fective time, at 12:0	l a.m. on the earlier o	of: (b) The 90th o	lay after the
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