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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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(10/7/2022

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	ORCA A	IR LLC 'ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WALTER	Name of Person	WS
		Firm/Company	<u></u>
	1706 ES	CORT AVE	
	TAMPA, F	City/State and Zip Code	
	WALTER M E-mail address: (ATTHEWS STUD	GMAIL.COM
For further information	concerning this matter, please co	all:	
WALTER A	MATTHEWS of Person	at (813) 43 Area Code Daytim	1 - 006 e Telephone Number
Enclosed is a check for t	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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORCA AI	R LL	C .	2022.nom.	-7 /////10:51
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now app ability Compan	<u>ears on our re</u> y)	cords.)	, v:110-21
he Articles of Organization for this Limited Liability Company v	were filed on	JUNE	30,2021 a	nd assigned-
orida document number <u>L 21 000 300 28.3</u>				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabil	ity company	here:		
ne new name must be distinguishable and contain the words "Limited Liabilit	ty Company," th	e designation '	'LLC'' or the abbrevia	tion "L.L.C."
nter new principal offices address, if applicable:				· ••
Principal office address MUST BE A STREET ADDRESS)				
				
nter new mailing address, if applicable:	-			
Aailing address MAY BE A POST OFFICE BOX)				
			·	
. If amending the registered agent and/or registered office action and/or the new registered office address here:	ddress on our	r records, <u>ei</u>	nter the name of t	he new register
em and/or the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 1	lorida street ad	ldress	
			, Florida	
	City		Zių	Code
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agre- rovisions of all statutes relative to the proper and complete p eccept the obligations of my position as registered agent as pr eing filed to merely reflect a change in the registered office of	performance rovided for it	of my dutie. n Chapter 6	s, and I am famili 05, F.S. Or, if thi	ar with and s document is
eing filed to merely reflect a change in the registered office of company has been notified in writing of this change	iaaress, 1 he.	геру сопјин	n inai ine limited	навину

If Changing Registered Agent, Signature of New Registered Agent

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> Fitle</u>	<u>Name</u>	Address	Type of Action
4MBR	ALEXANDER	TAMPA, FL 33610	PAdd
	MATTHEWS	TAMPA, FL 336.0	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
·			□Add
			□Remove
			□ Change

•	•
. —	
If an effecti <u>Note:</u> If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/7/22
	Signature of a member of authorized representative of a member
	WALTER MATTHEWS Typed or printed name of signee

D.

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