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## **COVER LETTER**

Division of Cor			
	ORBENT MIND LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVE TRAN		
	112	Name of Person	
	EXL LEGAL PLLC		
		Firm/Company	
	12425 28TH STREET NO	RTH SUITE 200	
	<del></del>	Address	
	SAINT PETERSBURG FI	LORIDA 33716	
		City/State and Zip Code	
	eduardocarrasquilla@gmail E-mail address: (	.com to be used for future annual report notil	fication)
For further information c	oncerning this matter, please ca	all:	
STEVE TRAN		727 536-4911	
Name o	d Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 eaclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	etion
Division of C P.O. Box 632		Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/30/20}{1}$	21 and assigned
Torida document number 1.21000345747	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	· -
n	
Principal office address MUST BE A STREET ADDRESS)	
Principal office address MOST BE A STREET ADDRESS)	
Principal office address MOST BE A STREET ADDRESS)	-
Inter new mailing address, if applicable:	-
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	ds, enter the name of the new reg
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered office address on our record	ds, enter the name of the acw reg
Inter 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 record	ds, enter the name of the new reg
inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our recorgent and/or the new registered office address here:	ds, enter the name of the new reg
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered office address on our record	27
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our recordent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	27

## 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

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>	Address	Type of Action
MGR	CESAR NUNEZ	6438 NW 99TH AVENUE	
		PARKLAND, FLORIDA 33076	=Remove
			Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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fective date, if other than the one of the date must of the date is listed, the date must of the date inserted in this blocument's effective date on the De	ck does not meet the applica	ble statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	o 605,0207 : listed as
ecord specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
AUGUST 12	2021			
	Signature of a member or autho	rized representative of a m	ember	_