122000052563

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

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TO:	Registration Se Division of Cor			•
4111 TE2	ORVA MC	FLLC		
SUBJEC	(1:	Name of Lim	ited Liability Company	<u>.</u>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ANA ECHEVERRI		
			Name of Person	
		ANA ECHEVERRI & AS	SOCIATES LLC	
			Firm/Company	
		5449 S SEMORAN BLVE	o, SUITE 220	
			Address	
		ORLANDO, FL 32822		
			City/State and Zip Code	
		ana@anaecheverriassociate		
For furth	ier information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	ication)
	CHEVERRI	•	407 601.3157	
	Name o	ri Person		: Telephone Number
Enclosed	d 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		<u>Street Address:</u> Registration Sec	ction
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632		The Centre of T	
	Tallahassee.	FL 34314	2410 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORVA MG LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited I	Liability Company	were filed on 01/31/2022		_ and assigned
forida document number L22000052563	<u> </u>			
his amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name o	of the limited lial	bility company here:		
₩A				
he new name must be distinguishable and contain the	words "Limited Liah	ility Company," the designation	n "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
inter new mailing address, if applicable:		N/A	<u></u>	2022 OCT SECREI
Mailing address MAY BE A POST OFFICE	<u> </u>			AHA T
				S ≺
				OF S
 If amending the registered agent and/or gent and/or the new registered office addre 		address on our records.	enter the name o	Theriew regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street	address	
			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 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
AMBR	ORVA MEDICAL GROUP SAS	KR 42 #5 C-49, CALI, VALLE COLOMBIA	■Add
			□Remove
			□ Change
			□Add
			Change
			□Add
			🗆 Remove
			Change
			□ Add
			□Remove
			□ Change
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			□Remove
			□Change
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			□ Change

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n eff <u>ste:</u>	ve date, if other than the date of filing:
is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited	10/05/2022
	Signature of a member or authorized representative of a member
	Service A Ortiz Exercise Typed or printed name of signee

Filing Fee: \$25.00