## 12200013422C

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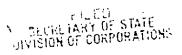
T. MATTHEWS MAY 2 4 2022

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: SO	vage Inh	Orbindo CCC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Jonathan	Valencia Name of Person	<del></del>	
	Sninge In	Orlando (CC Pirm/Company		
	5192 And	xea blud Address		
	Orbindo f	FL 32907 City/State and Zip Code	<del></del>	
	E-mail address: (	to be used for future annual eport not	ification)	
For further information co	ncerning this matter, please ca	all:		
Jonathan	n Valencia	at (239) 288 - Area Code Daytin	- 3015	
Name of	l'erson	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	following amount:			
S \$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 enclo	
<u>Mailing Address</u> Registration S		Street Address: Revistration Se	ection	
Division of Co		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 6327			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 A SECRETARY OF STATE OF OR OF CORPORATIONS



22 APR 18 PM 1: 37

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on Morch 17, 2022 and assigned Florida document number <u>L22000134220</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here	:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new regist</u>				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
······	City	, Florida				
New Registered Agent's Signature, if changing Registered Agent:		np coa				
New Registered Agent's Signature, it changing Registered Agent:  I hereby accept the appointment as registered agent and agri		pacity. I further agree to comply with				
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and I am familiar with and				

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Sanchez Valoria	5192 Andrea blut	
		orbands FL 32807	□Remove
			□Change
MGR	Jonathan Sanchez Valencia	5172 Andrew blue	✓Add
		Orlands FL 32807	□Remove
			Change
			□Add
			□Remove
			□Change
	<u> </u>		□ Add
			□Remove
			[]Change
			🗆 Add
			□ Remove
			□Change
			□Add
			⊟Remove
			□Change

ii amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. <u></u>
It an effective Note: If the	date, if other than the date of filing:
e record sp rd is filed.	ecifies 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	April 15 . 2022.
	22.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Jorothan Sauchez Alexas  Typed or printed name of signee

Filing Fee: \$25.00