LZZ 000193806

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
AUG 1 9 2022





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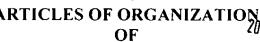


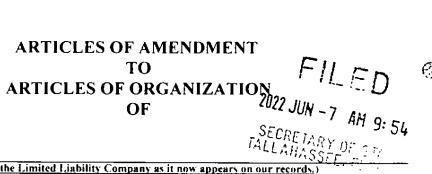
COVER LETTER

TO: Registration S Division of Co			
ORC CRE	W LLC		
SUBJECT:	Name of Lir	nited Liability Company	
		•	
	Gregory Mitchell, Esquire	:	
		Name of Person	
	Lorium PLLC		
	Lorium PLLC Firm/Company 197 South Federal Highway, Suite 200 Address Boca Raton, FL 33432 City/State and Zip Code jyoung@loriumlaw.com, gmitchell@loriumlaw.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call:		
	197 South Federal Highw	ay, Suite 200	
		Address	
	Boca Raton, FL 33432		
		City/State and Zip Code	
			fication)
For further information c	oncerning this matter, please o	all:	
Gregory Mitchell, Esqui	re	n4 /	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	e-	Street Address	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





ORC CREW LLC

(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 Co	ompany were filed on	and assigned
Florida document number L22000193806	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter 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 records, enter the	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	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
MGR	WEISLEDER, COURT	955 IRIS DRIVE	□Add
		DELRAY BEACH, FL 33483	
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n effective date is listed, the date mus	be specific and on	mor be prior to di	nte of filing or more th	20 days -A- 6%	\ D (05 030
nte: If the date inserted in this ble current's effective date on the De	partment of State	s records	statetory tring req	wrements, this do	ite will not be listed a
cord specifies a delayed effective	date, but not an	effective time.	at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
is filed.		·		o (o,	, oc your day later an
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	Signature of a mem	ber or authorized	representative of a n	nember	

Filing Fee: \$25.00