

L22000264953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

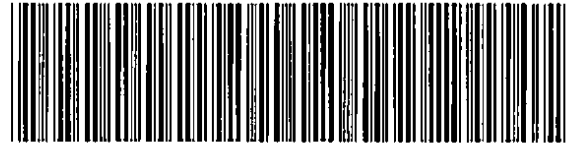
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orin Consulting Solutions LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherin Abdel-aal

Name of Person

Firm/Company

11031 SW 25th St. apt 1103

Address

Miramar, FL 33025

City/State and Zip Code

orinconsultingsolutions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherin Abdel-aal

754

244-9123

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Orin Consulting Solutions 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 Company were filed on June 9th 2022 and assigned
Florida document number 1.22000264953.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

11031 SW 25th St.

Apt 1103

Miramar, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11031 SW 25th St.

Apt 1103

Miramar, FL 33025

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:

Sherin Abdel-aal

New Registered Office Address:

11031 SW 25th St. Apt 1103

Enter Florida street address

Miramar

City

Florida

33025

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Abudeh, Omar S.</u>	<u>11031 SW 25th St.</u>	<input type="checkbox"/> Add
		<u>Apt 1103</u>	<input type="checkbox"/> Remove
		<u>Miramar, FL 33025</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Abdel-aal, Sherin</u>	<u>11031 SW 25th St.</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1103</u>	<input type="checkbox"/> Remove
		<u>Miramar, FL 33025</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Abdel-aal, Sherin</u>	<u>11031 SW 25th St.</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1103</u>	<input type="checkbox"/> Remove
		<u>Miramar, FL 33025</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated May 20th. 2023


Signature of a member

Signature of a member or authorized representative of a member

Omrah Abudch

Typed or printed name of signee

Filing Fee: \$25.00