LZZ 000 344 893

(Re	equestor's Name)	
(Åc	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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gr. 94/01--91002--800 **25.00



COVER LETTER

TO: Registration S Division of Co					
(2.6.143.1.12.6.222	GROUP FLORIDA LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for tiling.			
	ondence concerning this matter	•			
	ALINE DARMOUNI				
		Name of Person			
	ORCOM US				
Firm/Company					
	1200 BRICKELL AVE - SUITE 1960				
		Address			
	MIAMI FL 33131				
		City/State and Zip Code			
	office@orcomus.com	to be used for future annual report noti	12.122 [1.1		
For further information of	concerning this matter, please c		nearony		
ALINE DARMOUNI		305 6004405			
Name c	of Person		e Telephone Number		
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
abhreviation L.L.C."
; <u> </u>
AH S: 19
me of the new regist

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.

City

Zip Code

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
			□ Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ ci

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00