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COVER LETTER

TO: Registration Section **Division of Corporations** Orange Point Group, LL SUBJECT: 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: Diego Pulido Name of Person Orange Point Group, LLC Firm/Company 2200 NE 4th Ave, Apt 504 Miami FL 33137 Address Miami, FL 33137 City/State and Zip Code Dpulido@une.net.co E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 413-7897 Diego Pulido 786 Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

Orange Point Group	, LLC.	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar 1.22000400899 Florida document number	00/14/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	SECRETARY Che new registere hame of the new registere.
Name of New Registered Agent:		27 ATE
New Registered Office Address:	Enter Florida street address	
	Florid	a
	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	Catalina Monsalve	2200 NE 4th Ave Apt 504, Miami FL 33137	_
			= Add
			Remove
			□Change
			□Add
			Remove
			Change
		□ Add	
			□Remove
			□Change
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			Remove
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II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e	tive date, if other than the date of filing:
e reco	ord 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 filed.
Dated	Dego Pilado.
	Signature of a member or authorized representative of a member
	Diego Polido.