AA000517195

(Re	questor's Name)	
(Ad	dress)	
(\dagger_q	dress)	
(Au	uless/	
(Cit	y/State/Zip/Phone #)	•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

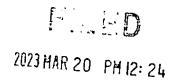
TO: Registration Section Division of Corporations
SUBJECT: OPNG GIVOVE TOBACCO AND UAPOP Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
THENDE PARTHUAN CHITTHEM Name of Person
OPANG GrOUE TOBACCO AND APOR U.C.
4085 HANCOCK Bridge MARK WAX
NORTH FORT MYP/S City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (49) 481 - 1994 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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



ORNGE GROVE TOBACO AND VALUE (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 Li	iability Company were	filed or	n12/09/2022	and assigned
Florida document number 1.22000517195	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liability	compan	<u>ıv here</u> :	
ORANGE GROVE TOBACCO & VARIALLC The new name must be distinguishable and contain the w	OPANUTE GW	OVE	TORACCO AND	VAROR LLC.
The new name must be distinguishable and contain the w	ords "Limited Liability Co	отралу,"	the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
			······································	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			• ••••
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		ess on o	ur records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent.				
New Registered Office Address:		Enter	r Florida street address	
	-	City	, F101	rida Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prope accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete perf stered agent as provi registered office add	ormanc ded for	e of my duties, and in Chapter 605, F	d I am familiar with and S.S. Or, if this document is

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 = N $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove

			DAdd
			□Remove
			Change
		4- F	□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□ Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
<u>ote:</u> H't	te, if other than the date of filing:	0207 (d as t
record sp is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
11ed	/20/23	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member ABOULDAHMAN GHANEM. Typed or printed name of signee	

Filing Fee: \$25.00