

L23000095655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

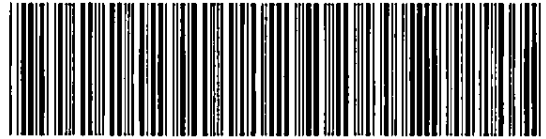
(Business Entity Name)

(Document Number)

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10/04/23--01025--001 \*\*25.00

2023 OCT -4 AM 10:37

A. PARISHANI

OCT 14 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OREL GROUP, 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:

ALAN J. PAOLI, ESQUIRE

Name of Person

THE LAW OFFICE OF AUGUST C. PAOLI, P.A.

Firm/Company

1720 HARRISON STREET, SUITE 6CW

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

ALAN@PAOLILAWFL.COM

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

For further information concerning this matter, please call:

ALAN J. PAOLI 954 925-9828  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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(Name of the Limited Liability Company as it now appears on our records.)

**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>
MGR	VENINI, INC	6761 W. Sunrise Blvd., Ste 21, Plantation, FL 33313	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MORDECHAI FANUNU	3300 NE 192 Street, Ste 1113, Aventura, FL 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAMI FANUNU	18474 NW 24 Street, Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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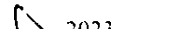
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ENCLOSURE

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**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.

Dated September 29, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mordechai Fanunu, as President of Venini, Inc.  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**