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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888

Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## 尚돌을 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANTEX LLC

Certificate of Status	()
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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANTEX LLC			
(Name of the Limited Liability (A Florida	<ul> <li>Company as it now appears on or Limited Liability Company)</li> </ul>	ur records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/10/20	23	and assigned
Florida document number 1.23000126244	<del>_</del> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbre	iation "L L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			2832
			.=
B. If amending the registered agent and/or registered	office address on our record.	s. enter the name o	f the new registered
agent and/or the new registered office address here:			_0 r
			- <u>-</u>
Name of New Registered Agent:		. 5.	····
		<del> </del>	
New Registered Office Address:	Enter Florala stro		
	PAGET PIOTUU SIL	CO GRAICSS	
	. 1	, Florida	
	Chy		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

Title	<u>Name</u>	Address	Type of Action
AMBR	ORLANDO FLORES MENDOZA	6950 W 6TH AVE APT #316	<b>≣</b> Add
		HIALEAH, FL 33014	
			LlChange
AMBR	ROSMERY ROLLANO PADILLA	6950 W 6TH AVE APT #316	
		HIALEAH, FI. 33014	□Remove
MGR	DIEGO LUCAS ZARZURI	6950 W 6TH AVE APT #316 .	∐Add
		HIALEAH, FL 33014	□Remove
			⊞Change
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Iffective date, if other than the an effective date is listed, the date must solve: If the date inserted in this blocument's effective date on the Decement's	t be specific and cannot be prock does not meet the app	dicable statutory filing re-	(optional) han 90 days after filing.) Pursuam to 50 quitements, this date will not be lis	15,0207 sted as
record specifies a delayed effective d is filed.	e date, but not an effective	e time, at 12:01 a.m. on tl	ne earlier of: (h) The 90th day afte	er the
MAY 05TH	2023	·		
		t> -		

Typed or printed name of signee