13000H07H

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J. HORNE
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SUBJECT:	OFFLEAS!	E ORLANDO LLC.		
SUBJECT.		Name of Lin	nited Liability Company	
The englaces	f Amiolog of	Amondanan and for(s) are sub-	wind on other	
		Amendment and fee(s) are sub	-	
Please return	all correspo	ndence concerning this matter	to the following:	
		RICH DURGIN		
			Name of Person	
			Firm/Company	
		159 ATLANTIC DRIVE		
			Address	
		MAITLAND FL 32751		
			City/State and Zip Code	
		RICHDURGIN@GMAIL.	COM to be used for future annual report noti	East - V
For further in	oformation co	e-man address: (•	neation)
		oncoming and matter, prease c		
RICHARD I			973 9038350 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
Malling Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
ı alı	lahassee, F	L 32314	2415 N. Monro Tailahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OF SCORES OF PH 4: 25

(Name of the Umi	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited L			and assigned
Florida document number L23000140341	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	nter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS)		MAITLAND FLORIDA 32	751
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		159 ATLANTIC DRIVE	
		MAITLAND FL 32751	
3. If amending the registered agent and/or regent and/or the new registered office address		address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	159 ATLANTIO		
		Enter Florida street add	ress
	MAITLAND	,1	Florida 22751
		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>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
		<u>-</u>	☐ Change
			□Add
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the I	ist be specific and car block does not mee	nnot be prior to dat t the applicable :	e of filing or more that statutory filing requi	(optional) 190 days after filing.) rements, this date	Pursuant to 605.0207 will not be listed as
	ve date, but not an	effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after the
cord specifies a delayed effecti s filed.	, -				
ccord specifies a delayed effecti s filed. ted APRIL 6		2023			
s filed.		2023	0		
s filed.			representative of a mi	mber	

Filing Fee: \$25.00