

L23000173096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

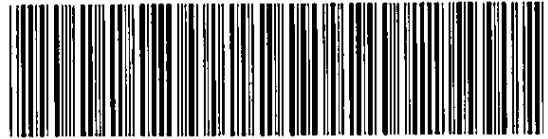
(Business Entity Name)

(Document Number)

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A. HUNT

C. HUNT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orchid Swamp Management 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:

Name of Person

Firm/Company

Address

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

FILED  
7504 JUL -2 AM 9:24  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Orchid Swamp Management LLC

(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 Liability Company were filed on Apr 10, 2023 and assigned

Florida document number L23000173096.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

calle 75sur carrera 43A - 36, EDIFICIO SINSONTE - Interior

402 - (barrio aves maria, Sabaneta, Antioquia, Colombia,

55450

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

calle 75sur carrera 43A - 36, EDIFICIO SINSONTE - Interior

402 - (barrio aves maria, Sabaneta, Antioquia, Colombia,

55450

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Waltz, Inc. (formerly FinMe, Inc.)</u>	<u>25 SE 2nd Ave Ste 550 PMB 134, Miami, Florida, 33131</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Waltz, Inc. (formerly FinMe, Inc.)</u>	<u>25 SE 2nd Ave Ste 550 PMB 134, Miami, Florida, 33131</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Gustavo Adolfo Cruz</u>	<u>calle 75sur carrera 43A - 36, EDIFICIO SINSONTE -</u>	<input checked="" type="checkbox"/> Add
		<u>Interior 402 - (barrio aves maria, Sabaneta, Antioquia,</u>	<input type="checkbox"/> Remove
		<u>Colombia, 55450</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Gustavo Adolfo Cruz</u>	<u>calle 75sur carrera 43A - 36, EDIFICIO SINSONTE</u>	<input checked="" type="checkbox"/> Add
		<u>Interior 402 - (barrio aves maria, Sabaneta, Antioquia,</u>	<input type="checkbox"/> Remove
		<u>Colombia, 55450</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SECRETARY OF STATE  
TALLAHASSEE FL  
2014 JUN -2 AM 9:24

**E. Effective date, if other than the date of filing: \_ (optional)**

(3)(b) **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.

If the record 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 record is filed.

Dated jun. 18, 2024 \_\_\_\_\_,

-DocuSigned by:

Gustavo A. Cruz

Signature of a member or authorized representative of a member

Gustavo Adolfo Cruz

Typed or printed name of signee

**Filing Fee: \$25.00**