12310336666

(Re	equestor's Name)	
`	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #) `
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
00)	cament Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200454409462

07/17/25--01002--001 **60.00





July 10th, 2026

Division of Corporations

Please find the enclosed documentation requesting the removal of a member from and LLC. If any additional information or forms are required to complete this update, feel free to contact me us 954.848.4224 during business hours.

Thank you for your attention to this matter.

Docusign Erivelope ID: 8148C485-8384-4B9C-A773-8528E0AB3F61

ТО:	Registration Sect Division of Corp			
	OREL AND	ODAYA HOLDINGS, LLC		
SUBJEC	CT:	Name of Limit	ed Liability Company	
The encl	losed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter to	o the following:	
		LEAVITT-AZULAY, ESTI	HER	
			Name of Person	
		FLORIDA TITLE CENTE	R	
		<u></u> _	Firm/Company	
		3325 S UNIVERSITY DR	SUITE 201	
			Address	
		DAVIE, FL 33328		
			City/State and Zip Code	
		estie@fltitlecenter.com	o be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca		
LEAVI	TT-AZULAY, ES	THER	954 8484224	
	Name of	Person	at ()	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5,00 Filing Fee	S30.00 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

Docusign Envelope ID: 8148C485-8384-4B9C-A773-8528E0AB3F61

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OREL AND ODAYA HOLDINGS, LLC	is as it now appears on our records.)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company villorida document number L23000336666	were filed on <u>07/17/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		1 2 CO 2 J
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered office a	address on our records, enter th	ne name of the new registere
agent and/or the new registered office address here:		22 ITE
Name of New Registered Agent:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID. 8148C485-8384-4B9C-A773-8528E0AB3F61
If amending Authorized rerson(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>	Type of Action
MGR	SHARIM, OREL	3325 S UNIVERSITY DR SUITE 201 DAVIE	FL 3(□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			[]Change
			□Remove
			T/Change

Docusign Envelopé ID: 8148C485-8384-4B9C-A773-8528E0AB3F61	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
D. If amending any other into mattor circle changes of the control of the circle changes	
	
	
	
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	to 605,0207 (3) e listed as the
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 record is filed.	after the
Dated	
Signed by:	
Signature of a member-us and a member and a member	_
AMITAL ASHKENAZY	
Typed or printed name of signee	

Filing Fee: \$25.00