L23000391394

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COVER LETTER

TO: Registration Se Division of Cor			
ORIENT D	EALS LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	TILOUNI. MUAZ		
		Name of Person	
	ORIENT DEALS LLC.		
		Firm/Company	
	14029 ARBOR PINES DE	t .	
		Address	
	RIVERVIEW, FL 33579		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	orientdealsco@gmail.com E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all:	
TILOUNI, MUAZ		656 5659498	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres	x:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

2023 OCT 19 AH 9: 31

ORIENT DEALS LLC.			5. 01
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears o imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{08/21}{1}$	2023	and assigned
Florida document number L23000391394	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	gnation "L.L.C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the name</u>	of the new registere
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 A	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 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>	Name	Address	Type of Action
AMBR	HINDYEH, NAWAL	14029 ARBOR PINES DR.RIVERVIEW. FL 33579	🗆 Add
			Remove
			□ Change
			□ Add
			□ Remove
			🗆 Change
			□Add
			□Remove
			[] Change
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			□Remove
			Change

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Filing Fee: \$25.00