

L23000400B96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

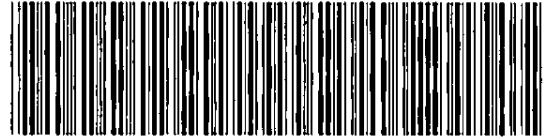
(Business Entity Name)

(Document Number)

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09/19/23--01015--001 **25.00

2023 SEP 19 PM 1:48

A. PARISHANI

SEP 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlaivia Companion and Personal Care
Name of Limited Liability Company

2023 SEP 19 PM 1:48

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheena Dean Franklin

Name of Person

Orlaivia Companion and Personal Care

Firm/Company

319 Center Ave # B

Address

Daytona Beach FL 32117

City/State and Zip Code

Foreignbliss242@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheena Dean Franklin at 386 281 7765

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Orlaivia Companion and Personal Care

(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 8/25/2023 and assigned
Florida document number 23000400896

This amendment is submitted to amend the following:

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

(same) Orlaivia Companion and Personal Care
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)

319 center Ave
Daytona Beach FL 32117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same
319 center Ave, #B Daytona
Beach FL 32117

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:

Sheena Dean Franklin

New Registered Office Address:

319 Center Ave # B

Enter Florida street address

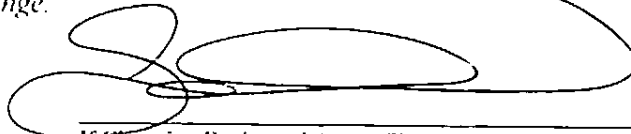
Daytona Beach Florida 32117

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-------------------|---|
| MGR | Sheena Dean Franklin | 319 center Ave #B | <input checked="" type="checkbox"/> Add |
| | | Daytona Beach Fl | <input type="checkbox"/> Remove |
| | | 32117 | <input type="checkbox"/> Change |
| AMBR | Sheena Dean Franklin | 319 center Ave #B | <input checked="" type="checkbox"/> Add |
| | | Daytona Beach Fl | <input type="checkbox"/> Remove |
| | | 32117 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

Only thing needed update is

Manager: Sheena Dean Franklin

Authorize Member: Sheena Dean Franklin

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E. Effective date, if other than the date of filing: 8/30/2023 (optional)

(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 605.0207 (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.

September

Dated 9 / 15 2023 SF



Signature of a member or authorized representative of a member

Sheena Dean Franklin

Typed or printed name of signee