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COVER LETTER

TO:	Registration Se Division of Cor				
e110 16		STMENT OF ORLANDO LLC	•		
SUBJECT: Name of Limited Liability Company					
					1.7
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please i	return all correspo	ondence concerning this matter	to the following:		
		ADRIANA LOPES BARI	ROS MUNHOLI		
Name of Person					
PREMIUM CONSULTING AND TAX SERVICES Firm/Company 8803 FUTURES DRIVE SUITE 5B Address ORLANDO, FLORIDA, 32819 City/State and Zip Code ADRIANA@PREMIUMTAXUSA.COM E-mail address: (to be used for future annual report notification)					•
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					蓝色
For furt	her information c	n-mail address: (oncerning this matter, please c		ecation)	18 PH 3.112
ADRIZ	ANA LOPES BAI	RROS MUNHOLI	321 236-0200 at()		7. E
	Name o	f Person		Telephone Number	_
Enclose	ed is a check for th	ne following amount:			·
□ \$25	5,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & y

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

ARTICLE. .MENDMENT

ARTICLES OF ORGANIZATION OF

OG INVESTMENT OF ORLAND			
(Name of the Lim	ited Liability Co. (A Florida Limit	mpany as it now p a <u>rs on our records.)</u> ted Liability Constant	
The Articles of Organization for this Limited I		any were filed on STATE OF FLORIDA	and assigned
Florida document number L24000071891			•
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited I	iability company here:	;
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.İ.:C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	14 12 12 C
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offi ess here:	ce address on our records, <u>enter the na</u>	3: 1.2
Name of New Registered Agent:	N/A		(4)
New Registered Office Address:	N/A	_	
		Enter Florida street address	
		Florida _	•
		City	Zio 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00