L24000121482

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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Co					
	gement LLC	, ej			
		nited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspondent	ondence concerning this matter	to the following:			
	Orie Paul				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Orra Management LLC				
		Firm/Company	 		
	11 Plaza Real S APT 520				
		Address			
	Boca Raton, FL 33432			SEC T/	2 024
	orie@orramgmt.com	City/State and Zip Code		CRETARY OF STA	
	E-mail address: (to be used for future annual report notif	fication)	IRY HAS	_ !~
For further information of	concerning this matter, please c	all:		OF S	E T
Orie Paul		978 7671777 at ()		TATE	ب ب
Name o	l'Person		e Telephone Number	— m -	•
Enclosed is a check for the	he 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 Certificate of Certified Control (additional coperations)	of Status & opy	
		0			

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

Orra Management LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/11/2024	and assigned
Florida document number L24000121482		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		·
Enter new mailing address, if applicable:		
		S 20
(Mailing address MAY BE A POST OFFICE BOX)		-
		AD E
R. If amonding the registered agent and/or registered affice s	iddress on our records, enter the	name of the new registered
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	enter the	SEC TO I
		# S = 1 2
Name of New Registered Agent:	 -	TATE
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	Address	Type of Action
MGR	Joram Blum	4252 Bocaire Blvd	□Add
		Boca Raton, FL 33487	■Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be p Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	optional) orior to date of filing or more than 90 days after filing.) Pursuant to 60 plicable statutory filing requirements, this date will not be lis	95.0207 (3)(1 sted as the
the record specifies a delayed effective date, but not an effective cord is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated June 24 2024	·	
Signature of a meluber or a	authorized representative of a member	
Orie Paul		
Typed or p	orinted name of signee	

Filing Fee: \$25.00