L24000266663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ORVA ACADEMY LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANA ECHEVERRI
Name of Person

ANA ECHEVERRI & ASSOCIATES LLC
Firm/Company

13550 VILLAGE PARK DR SUITE 245
Address

ORLANDO 32837
City/State and Zip Code

ana@anaecassociates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA ECHEVERRI at (407) 7707282
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

ORVA ACADEMY LLC

(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 06/11/2024 and assigned Florida document number L24000266663.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1101 Miranda Lane Suite 131 Kissimmee Florida 34741

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1101 Miranda Lane,Suite 131 Kissimmee Florida 34741

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: HELKIN ORTIZ SUAREZ

New Registered Office Address: 3507 Harlequin Drive
Enter Florida street address

Saint Cloud, **Florida** 34772
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

Title	Name	Address	Type of Action
AMBR	JORGE A MOLINA ARDILA	KM 21 VIA CALI JAMUNDI GIRASOLES DEL CAS	☐ Add
			☐ Remove
			■ Change
AMBR	HELKIN D ORTIZ SUAREZ	3507 HARLEQUIN DRIVE SAINT CLOUD 34772	☐ Add
			☐ Remove
			■ Change
AMBR	SERGIO A ORTIZ SUAREZ	CRA 42 NUMERO 5 C 49 BARRIO TEQUENDAMA	☐ Add
			☐ Remove
			■ Change
AMBR	ALBERTO ANGEL ALVEAR	CRA 103 NUMERO 53 138 PORTOBELO CALI VAI	■ Add
			☐ Remove
			☐ Change
AMBR	JUAN C VARGAS ORTIZ	2234 RUSH BAY WAY ORLANDO 32824	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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.

Dated MARCH 12 . 2025 .

Signature of a member or authorized representative of a member

HELKIN D. ORTIZ SUAREZ .

Typed or printed name of signee

Filing Fee: $25.00