

L25000236812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

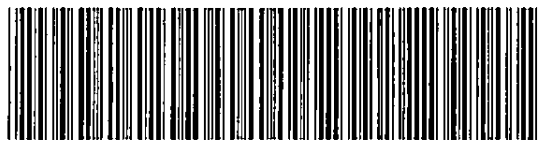
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchid Restoration, 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:

Belonde K Jean Louis

Name of Person

Orchid Restoration, LLC

Firm/Company

4723 Lucerne Lakes BLVD E Apt. 625

Address

Lake Worth, FL 33467

City/State and Zip Code

OrchidRestoration@gmail.com

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

For further information concerning this matter, please call:

Belonde K Jean Louis

561

951-1591

at ()

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

Suite 810

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

Orchid Restoration, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/19/2025 and assigned
Florida document number L25000236312.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
MBR	Belonde K Jean Louis	4723 Lucerne Lakes BLVD E Apt 625	☐ Add
		Lake Worth, FL 33467	☒ Remove
			☐ Change
AMBR	Belonde K Jean Louis	4723 Lucerne Lakes BLVD E # 625	☒ Add
		Lake Worth, FL 33467	☐ Remove
			☐ Change
AMBR	Rachelle Petit-Homme	3835 ISLAND CLUB DRIVE	☐ Add
		Lake Worth, FL 33462	☒ Remove
			☐ Change
MBR	Rachelle Petit-Homme	3835 ISLAND CLUB DRIVE	☒ Add
		Lake Worth, FL 33462	☐ Remove
			☐ Change
			☐ Add
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STATE OF TEXAS
COUNTY OF DALLAS

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.

Dated June 20th 2025

Belouche & Lhu

Belonde K Jean Louis

Typed or printed name of signee