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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION ORDORA FE CAVE CONCIERGE CONS
DOCUMENT NUMBER: P200000 847 18
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person Name of Contact Person Firm/ Company Firm/ Company Address Address City/ State and Zip Code Avalusory group & Vahou, can E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: [NNOTH Junit Howelf at 941 330 - 4619
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles	of	Incorporation
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(Document Number of Corporation (if known Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporat</i> is Articles of Incorporation:	tion adopts the following amendment(s)
	and the following attendancings
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporal". "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporal "chartered," "professional association," or the abbreviation "P.A."	ated" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
 	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	5.7
. If amending the registered agent and/or registered office address in Florida, enter the	ne name of the
new registered agent and/or the new registered office address:	- J.
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1)	Title Z	KENNETH KWIATKA	Address Address Address ASL 6154 42 NO ST CIN E
Add Remove 2) Change Add	¥£	Kenneth, Good	Broduston FL 34203
Remove Change			
Remove 4) Change Add	P	GINNY GOOD	4513 N. Florida AVE Unit 118
Remove 5) Change Add	V1)	Destender	Jakowood Ronch FL
Remove Change Add		Peto Marcin, 11:	8733 Store Harbare Bridgeton FL Lag
Remove			14/16

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	•
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
77	
	

The date of each amendment(s) adoption: Section (20 17 20 20) if other than the
date this document was signed.
Effective date if applicable: October 20, 2020
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)
((Typed or printed name of person signing)
126A SUREN
(Title of person signing)