

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L1900067091

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000023915 3)))



H230000239153ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617 6383

From: Account Name : MORAN KIDD LYONS JOHNSON, P.A.
 Account Number : I2000000003
 Phone : (407)841-4141
 Fax Number : (407)841-4148

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sjohnson@merankidd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORANGE IVANHOE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 JAN 20 PM 4: 18

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 23 2023

K. Brumble

((H23000023915 3))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ORANGE IVANHOE, 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 03/08/2019 and assigned Florida document number L19000067091.

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)

2617 CARTER GROVE CIRCLE

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2617 CARTER GROVE CIRCLE

WINDERMERE, FL 34786

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:

PHILIPPE VILLAIN

New Registered Office Address:

2617 CARTER GROVE CIRCLE

Enter Florida street address

WINDERMERE

Florida 34786

City

Zip Code

2023 JAN 20 PM 4:38

FILED

APPROVED

New Registered Agent's Signature, If changing Registered Agent:

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

((H23000023915 3))

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>
MGR	KEVIN J. O'DONNELL	91 OAKLEIGH LANE	<input type="checkbox"/> Add
		MAITLAND, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILIPPE VILLAIN	2617 CARTER GROVE CIRCLE	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H23000023915 3)))

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


Multiple horizontal lines for amending information.

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 December 30, 2022


Signature of a member or authorized representative of a member

PHILIPPE VILLAIN

Typed or printed name of signer