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R. HUNT 09/10/13 CIVIS NO OF COMMENTS. LO

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orange Swamp Management LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on 1/6/2023	and assigned
Florida document number L23000006440		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abb	reviation "L.L.C,"
Enter new principal offices address, if applicable:	35 Hampton Road, Goshen, NY, 10924	
(Principal office address MUST BE A STREET ADDRESS	2	·
	35 Hampton Road, Goshen, NY, 10924	
Enter new mailing address, if applicable:		2023 SEI
(Mailing address MAY BE A POST OFFICE BOX)		0 0 0
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, enter the name	of the new registere
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.

DocuSign Envelope ID: 40C5234F-DEAF-4B16-B505-0AFED185E343 trainenting Authorized rerson(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>	Name	Address	Type of Action
MGR	FinMe Inc.	25 SF 2ND AVE STE 550 PMB 174 Marmi FI 33131	□Add
			Remove
			□Change
AMBR	FinMe Inc.	25 SE IND AVE STE 550 PMB 134 Mami, FL 33131	□Add
		<u> </u>	■Remove
			☐Change
MGR	Simion Yuffe	35 Hampton Road, Goshen, NY, 10924	≣ Add
			CIVISIAN OF CREPE 2
AMBR	AMBR Simion Yoffe	35 Hampton Road, Goshen,NY, 10924	□Ch扁nge Cock PH
			□Remove
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ective date, if other than the of effective date is listed, the date must e: If the date inserted in this blo ument's effective date on the Department.	hate of filing:	(optional) than 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed
cord specifies a delayed effective silled.	date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after th
ed September 18	2023	
Simion	Yoffe Ingrature of a member or authorized representative of a	_

Filing Fee: \$25.00