

L12000154241

12/24/2014 10:03 3056701993

GUZMAN & GUZMAN P.A.

PAGE 01 04

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H14000296029 3)))



H140002960293ABCO

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 : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

FILED
2014 DEC 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
14 DEC 24 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORANGE PROPERTY HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALLY
EXAMINER
DEC 29 2014

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2014 DEC 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ORANGE PROPERTY HOLDINGS 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 12/11/2012 and assigned
Florida document number L12000154241.

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 end with 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:

City

Florida

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

When adding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMGR = Authorized Member

Title	Name	Address	Type of Action
MGRM	FROMMOVICH, EDUARDO	9130 S DADELAND BLVD	☐ Add
		STE 1609	☒ Remove
		MIAMI, FL 33156	
MGRM	Eduardo M. Fromovich Libedinsky	9130 S DADELAND BLVD	☒ Add
		STE 1609	☐ Remove
		MIAMI, FL 33156	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
2014 DEC 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

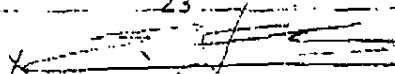
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated: DECEMBER

23

2014



Signature of a member or authorized representative of a member

FROIMOVICH LIBEDINSKY, EDUARDO M.

Typed or printed name of signer

FILED
2014 DEC 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA