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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ORAN	NGE AVENUE	ELLC	
30biEC1:	Name of Lim	ited Liability Company	
The analoged Assigles of A	Amondonom on d. Co-(c) and only	animal for filing	
The enclosed Afficies of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	GEORGE B	IRKHOLD	
		Name of Person	
		Firm/Company	
	445 N.ORAI	NGE AVE. #400	
•		Address	
	SARASOTA	, FL 34236	
•		City/State and Zip Code	
	office@piercecor	ntractinginc.com to be used for future annual report notifi	
		·	ication)
	ncerning this matter, please co		
GEORGE B	IRKHOLD	_{at (} 941 ₎ 951-12	250
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE AVENUE LLC			
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L03000032866</u>		and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
ORANGE AVENUE OF SARASOTA, LLC			
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "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)	· · · · · · · · · · · · · · · · · · ·	,	3 1 M
_		70 - 10 20 - 17 -	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		he: name, of پيدرا دي ند	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am fa	miliar with	and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
•			□ Remove
			Z Ada
<u>. </u>			☐ Remove
			Add
			Remove
			□ Add
			□ Remove
			Remove

ffective date, if other than the date of fine effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	o date of receipt or filed date and can	(optional) anot be more than 90 days after	
ated JANUARY 16	2014		
11/12	of a member or authorized representa	grive of a member	
GORY Ballto	ld President	ee Land Com	

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Filing Fee: \$25.00