

L04UUU064713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

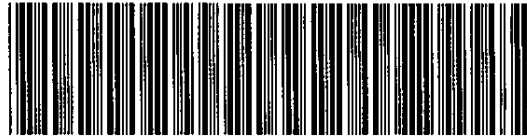
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

SEP 18 2012

EXAMINER



600238767036

08/29/12--01012--014 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 17 PM 1:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2012

ROBERT K. WOOD
116 GULFSTREAM ROAD
PALM BEACH, FL 33480-4706

SUBJECT: ORANGE AVENUE STORAGE, LLC
Ref. Number: L04000064713

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 17 PM 1:34

We have received your document for ORANGE AVENUE STORAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you have chosen -- ORANGE AVENUE, LLC -- is not available because it is too similar to the name of an existing entity -- ORANGE AVENUE, LLC -- Doc. Number L04000052845.

Please choose another new name. ✓ *ORANGE AVENUE PARK, LLC*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 312A00022198

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orange Avenue Storage, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

attached

Robert K. Wood

Name of Person

Firm/Company

116 Gulfstream Road

Address

Palm Beach, FL 33480-4706

City/State and Zip Code

rwood116@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert K. Wood

Name of Person

at (561)

659-6996

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

RECEIVED

12 SEP 14 AM 10:45

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 17 PM 1:34

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Orange Avenue Storage, 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 08/31/2004 and assigned
Florida document number L04000064713.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Orange Avenue Park, LLC

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:

No change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(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:

No change

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 608, 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

FILED STATE
DIVISION OF
RECORDS &
ADMINISTRATION
SEP 1 11 34 AM '04

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated September 12, 2012



Signature of a member or authorized representative of a member

Robert K. Wood, MGRM

Typed or printed name of signee