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PICK-UP	☐ WAIT	MAIL
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SEGRETARY OF STATE

D. BRUCE NAY 01 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OTCHID BAY DevelopmeNT, 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:	
Deni Davis Name of Person	
OrcHiD Bay Development, LLC Firm/Company	
7932 W. SANGLAKERd. #102	
Orlando, Fl. 32819	
City/State and Zip Code City/State and Zip Code City/State and Zip Code Dh-dev. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Deni Diavis Name of Person at (407) 2a6-8886 × 100 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	**************************************
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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

orchid Bay Del	JELOPMENT, LLC
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD.	DRESS)
· .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	SS B
	Enter Florida street address
	City , Florida Zin Code
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and defent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability ge.

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** <u>Title</u> **Address** <u>Name</u> 7932 W. SANDLATE Rd. #102 Orlando, FL 32819 Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 🚹 Remove _□ Change _□ Add ☐ Remove

_□ Change

ffective date, if other than the date of filing: or 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 605.020 (other.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records.			
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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 605.020 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a			
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ffective date, if other than the date of filing:	(optional)	
ocument's effective date on the Department of State's records.	ote: If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not	be listed a:
	ocument's effective date on the Department of State's records.		
	e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the	earlier o
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	Dated April 25,1 , 2017		
The 90th day after the record is filed.			
The 90th day after the record is filed.			
The 90th day after the record is filed.	Signature of a member or authorized correse	ntative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00