L05000094672

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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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J. HARRIE

COVER LETTER

	istration Sect ision of Corpo			•	
SUBJECT:	ORENDA HI				
sonjeci.			ited Liability Company		
The enclosed	I Articles of A	mendment and fec(s) are sub	mitted for filing.		
Please return	i all correspond	Ience concerning this matter	to the following:		
		Michael W. Tiner			
			Name of Person		
			Firm/Company		
		PO Box 413			
			Address		
		Ashland, OR 97520			
		mwtiner@gmail.com	City/State and Zip Code		
			o be used for future annual re	eport notification)	
For further in	nformation con	cerning this matter, please ca	dl:		
Michael W.	Tiner		541 363 at ()	-1147	ļ
	Name of F	Person	Area Code	Daytime Telephone	Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) (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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000094672</u> .	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Phytonics LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9476 E. Colonial Drive			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32817	1 2		
		왕 🐩		
		(A)		
Enter new mailing address, if applicable:		7		
(Mailing address MAY BE A POST OFFICE BOX)				
		10		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ls, enter the name of the		
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street addre			
	илин ғұонай месе ааағе	33		
	, F	lorida Zip Code		
	City	zap cone		
New Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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Effective date, if other the fan effective date is listed, the c	late must be specific and this block does not r	d cannot be prior to do meet the applicable				
lote: If the date inserted in	n the Department of S	State's records.				
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Filing Fee: \$25.00