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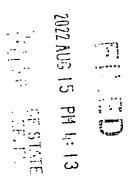
	(Requestor's Name)
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	(Document Number)
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A. BUTLER NOV - 3 2022

COVER LETTER

Orange A	venue Enterprises LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr e s	condence concerning this matter	to the following:	
	Anthony Roy		
		Name of Person	
	Orange Avenue Enterprise	s	
		Firm/Company	
	801 W 1st St.		
		Address	
	Sanford, F1, 32771		
		City/State and Zip Code	
	anthony@orangeavenue.ne		
For further information	concerning this matter, please c	to be used for future annual report notificall:	canon)
Anthony Roy		407 6170156	
Name	of Person	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Sect	ion

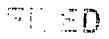
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



Orange Avenue Enterprises LLC

2022 AUG 15 PM 4: 13

	ited Liability Company as it now a (A Florida Limited Liability Comp	iny)	OF STATE TEAPL
The Articles of Organization for this Limited 1	Liability Company were filed o		
Florida document numberL05000114303			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability compar	<u>iv here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			name of the new vegicte
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on c	our records, enter the	name of the new registe
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on c	our records, <u>enter the</u>	name of the new registe
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or the new registered office addr	registered office address on c ess here:	our records, <u>enter the</u>	name of the new registe
	registered office address on cess here: Eliana Roy 801 W 1st St.	our records, enter the	name of the new registe
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on cess here: Eliana Roy 801 W 1st St.	····	

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. Cliana Roy

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eliana Roy	801 W 1st St. Sanford F1, 32771	= A d d
			□Remove
			□Change
AMBR	Anthony Roy	801 W 1st St. Sanford FL 32771	
			Remove
			■Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
			□Add
			Remove
			□Change

ective date, if other than the date of filing: (optional)					
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	s filed.				
	August 9	2022			
Signature of a member or authorized representative of a member	ed <u> </u>				
Signature of a member or authorized representative of a member					
		Anthony Roy			

Filing Fee: \$25.00