

L06000 119890

(Requestor's Name)

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(City/State/Zip/Phone #)

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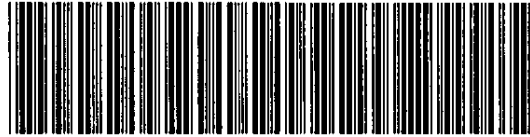
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE HEIGHTS 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:

ROBERT PIUS

Name of Person

ORANGE HEIGHTS

Firm/Company

5912 TWIN BEND LOOP

Address

NEW PORT RICHEY FL 34652

City/State and Zip Code

MARCIA@SUNCOASTRENOVATIONS.COM

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

For further information concerning this matter, please call:

MARCIA BUJALSKI

Name of Person

at (727)

Area Code

439-5088

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

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

ORANGE HEIGHTS 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 12/18/2006 and assigned Florida document number 208142649 L06000119890

This amendment is submitted to amend the following:

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

N-A

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

N-A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N-A

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JACKSONVILLE, FLORIDA

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:

Marcia Bugalski

New Registered Office Address:

5912 Twin Bend Loop

Enter Florida street address

New Port Richey

City

Florida

34652

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 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.

Marcia Bugalski

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARCIA BUJALSKI	1650 FOX RD	☒ Add
		CLEARWATER FL	☐ Remove
		33764	☐ Change
AMBR	PIUS DAVID HUNTER	727 JEFFERSON AVE #1	☒ Add
		MIAMI BCH FL 33139	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: July 22, 2015 (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 22, 2015

Robert H. Davis
Director of the Bureau of Agricultural Experimentation

Signature of a member or authorized representative of a member

ROBERT D PIUS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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15 AUG -3 PM 4: 14
U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA