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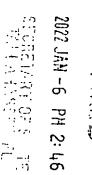
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor				
Tangerine	Fitle, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ndence concerning this matter			
	Jeanna M. Juliano			
		Name of Person		
	Tangerine Title, LLC			
		Firm/Company		
	876 N. Division Street			
		Address		
	Ovicod, FL 32765			
		City/State and Zip Code		
	jeannajuliano@gmail.com		70 R	5.44
Conforther information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notific	2022 JAN - 6	* *
For further information c	oncerning this matter, picase c	an.	'n -	:]=/:
Jeanna M. Juliano		407 227-2100 at ()		; ; ;===
Name o	f Person	Area Code Daytime T	Telephone Number 4, 5 5	i- _{- ک} و
Enclosed is a check for th	ne following amount:			
= \$25.00 Filing Fee ** Let poind wiprer \$ttemptel 5.1175	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations Hahassee	
Tallahassee, I	·1. 32314	2415 N. Monroe !	Street, State 810	

Tallahassee, FL 32303



December 16, 2021

JEANNA JULIANO 876 NORTH DIVISION STREET OVIEDO, FL 32765

SUBJECT: TANGERINE TITLE, LLC

Ref. Number: L07000053811

We have received your document for TANGERINE TITLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

TERARRA A SIMMONS OPS

Letter Number: 321A00030428

on go grapero

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TANGERINE TITLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Manic of the Valle	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{5/2}{}$	1/2007 and assumed	
Florida document number <u>1.07000053811</u>	·		5 5	
This amendment is submitted to amend the fol	lowing:		4.11	
A. If amending name, enter the new name of	of the limited liab	oility company he	<u>re</u> :	
n/a				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	n/a		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office	n/a address on our re	cords, enter the name of the new registered	
Name of New Registered Agent:	Jeanna M. Juli	ano		
New Registered Office Address:	876 N. Divisio	n StreetOvi		
- Contraction of the contraction	Enter Florida street address			
	Oviedo		Florida 32765	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	1		

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.

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	Robert A. Juliano	876 N. Division Street, Oviedo, FL 32765	🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the d	ate of filing: 12-31-2021	(option	al)
f an effective date is listed, the date must l Note: If the date inserted in this bloc	se specific and cannot be prior to dat ik does not meet the applicable :	e of filing or more than 90 days after fil statutory filing requirements, this d	ling.) Pursuant to 605,0207 (. late will not be listed as th
locument's effective date on the Dep			
record specifies a delayed effective d is filed.	date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
December 31	2021		
Dated	··		
\bigcirc			
- the too	gnature of a member or authorized	representative of a member	
Jeanna M. Juliano			

Filing Fee: \$25.00