108000092997

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|--|
| SUBJECT: <u>OY</u> | ender Group Name of Lim | LLC lited Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Kamli Ho | Ward Name of Person | |
| | Hampton | Golf Firm/Company | |
| | 7845 Bayn | readows Way | |
| | _Jacksonvil | le FL 32256 Ciry/State and Zip Code | <u> </u> |
| | SShannon E-mail address: (| Champton. 90 to be used for fulfre annual report point | ication) |
| For further information co | oncerning this matter, please ca | all: | |
| Kamli Ho | Person | at (<u>904</u>) <u>862-</u> Area Code Daytime | 6295 Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| S25,00 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

| Orender Group L (Name of the Limited Liability Compan (A Florida Limited L | any as it now appears on our records.) Liability Company) | |
|--|--|----------|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L08000092997</u> . | were filed on 10/01/2008 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ility 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) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off | ffice address on our records, enter the name of the fi | FILEU |
| registered agent and/or the new registered office address here | | <u> </u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | City 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.

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 = A | uthorized Member | | |
|--------------|------------------|---|-----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | Donna Orender | 7845 Baymeadows Way Jacksonville, FL 32256 | IS ∕ Add |
| | | Jacksonville, FL 32256 | Remove |
| | | | Change |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: | tive date, if other than the date of filing: [Coptional] Rective 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 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. |
| e rec The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. |
| ated | October 2 2019 WW |
| | Signature of a member or authorized representative of a member |
| | M.G. Orender Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00