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COVER LETTER

Division of Corpo	rations ,		
SUBJECT: Orange	Taland Ventu	TTS 110	
SUBJECT: <u>Orange</u>	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Cathy F	Averill	
	<u> </u>	Name of Person	
	Aan M	laring Properties	L.C.
	- regua m	larine Properties L	<u> </u>
	a 20 -	120th 01 1	
	2890	NE 187th Street Address	
			,,
	Avent	City/State and Zip Code	20
		City/State and Zip Code	22.5 厅
	Caverille aguan	narinepartners.com to be used for future annual report notifica	ation)
Fa- 6-4h i- 6			91. B
For further information cond	erning this matter, please ca	aii:	\$ 55 S
Cathy Aver	-`Lit	at (<u>954</u>) <u>602 - 94</u> Area Code Daytime T	06
Name of Po	erson	Area Code Daytime To	elephone Number
Enclosed is a check for the f	following amount:		
SS \$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:

TO:

Registration Section

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 Isl	and Ventures, LL ad Liability Company as it now as A Florida Limited Liability Compa	ppears on our records.)	
•	(A Florida Limited Liability Compa	any)	
The Articles of Organization for this Limited Li	ability Company were filed or	n 12 23 2010	and assigned
Florida document numberL 100001307	<u>15</u> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	ny here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,"	the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applica	able:	1	 1;
(Principal office address MUST BE A STREE	T ADDRESS)	ا المبلغ المسلخ المحدد	. [1]
			日 日 日 日 日 日 日 日
Enter new mailing address, if applicable:			57 N
(Mailing address MAY BE A POST OFFICE I	<u></u>		2m 87
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	fice address here:	s on our records, enter	
New Registered Office Address:			
New Registered Office Address:	4,770	r Florida street address	
	Aventura	, Florida	33180
	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 registeres, 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		
			Add
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Effecti	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more tha	(optional)
If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more tha If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as
	cord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	at 12:01 a.m. on the earlier of
	9-1-1	
Dated	, , ,	

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Filing Fee: \$25.00