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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Orange Groove, LLC		
SOBJEC		Limited Liability Comp	ралу
Dear Sir	or Madam:		
The enclo	osed Statement of Authority and fee(s) and	re submitted for filing.	
Please ret	turn all correspondence concerning this r	natter to the following:	
Joseph	n E. Seagle		
	Name of Person		
Joseph	n E. Seagle, P.A.		
"	Firm/Company		
924 W	est Colonial Drive		
	Address		
Orland	o, FL 32804		
	City/State and Zip Code		
joe@s	eaglelaw.com		
	E-mail address: (to be used for future an	nual report notification	)
For furthe	er information concerning this matter, pl	ease call:	
Joseph	n E. Seagle	407	770-0100
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:		G ADDRESS:
	Registration Section Division of Corporations		on Section of Corporations
(	Clifton Building	P.O. Box	
7	2661 Executive Center Circle	Tallahass	ee, Florida 32314

Tallahassee, Florida 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orange Groove, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company)	)
The Articles of Organization for this Limited Liability Comp.	any were filed on 12/07/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	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	5)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		SE S
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, <u>here</u> :	enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City , F lot	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Alexander	9611 Lake Douglas PL	<b>=</b> Add
		Orlando, FL 32817	Remove
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			Remove
			□ Change
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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 day	( <b>optional</b> ) ys after filing.) Pur	rsuant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.			
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and an analysis of the second analysis of the second and an analysis of the second analysis of the second and an analysis of t	e time, at 12	:01 a.m. on	the earlier o
The 90th day after the record is filed.  September 7  Dated. September 7			
The 90th day after the record is filed.			

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Typed or printed name of signee

Filing Fee: \$25.00