## L12000080011

| (Requestor's Na                       | ame)             |
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| (Address)                             |                  |
| (Address)                             |                  |
| (City/State/Zip/F                     | Phone #)         |
| PICK-UP WAI                           | T MAIL           |
| (Business Entit                       | y Name)          |
| (Document Nur                         | nber)            |
| Certified Copies Certifi              | icates of Status |
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## COVER LETTER

| TO:           | Registration So<br>Division of Cor |                                              |                                                                  |                                                                                                   |
|---------------|------------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| SUBJE         |                                    | holesale Houses, LLC                         |                                                                  |                                                                                                   |
| .50001.       | C1                                 | Name of Lim                                  | ited Liability Company                                           |                                                                                                   |
| The enc       | losed Articles of                  | Amendment and fee(s) are sub                 | omitted for filing.                                              |                                                                                                   |
| Please re     | eturn all correspo                 | ondence concerning this matter               | to the following:                                                |                                                                                                   |
|               |                                    | Jorge Rojas                                  |                                                                  |                                                                                                   |
|               |                                    |                                              | Name of Person                                                   |                                                                                                   |
|               |                                    | Orlando Wholesale House                      | s, ILC                                                           |                                                                                                   |
|               |                                    |                                              | Firm/Company                                                     | <del></del>                                                                                       |
|               |                                    | PO BOX 954165                                |                                                                  |                                                                                                   |
|               |                                    |                                              | Address                                                          | <del></del>                                                                                       |
|               |                                    | Lake Mary FL 32795                           |                                                                  |                                                                                                   |
|               |                                    |                                              | City/State and Zip Code                                          | <del></del>                                                                                       |
|               |                                    | mortgagejr@yahoo.com<br>E-mail address: (    | to be used for future annual report notifi                       | ication)                                                                                          |
| For furth     | ner information c                  | oncerning this matter, please c              | all:                                                             |                                                                                                   |
| Jorge Ro      | ojas                               |                                              | 407 312-8237                                                     |                                                                                                   |
|               | Name o                             | f Person                                     | at () Area Code Daytime                                          | Telephone Number                                                                                  |
| Enclosed      | d is a check for th                | ne following amount:                         |                                                                  |                                                                                                   |
| <b>■</b> \$25 | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | Mailing Addres                     | is:                                          | Street Address:                                                  |                                                                                                   |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Wholesale Houses, 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 6/18/2012 Florida document number 1.12000080011 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orlando Wholesale Houses FL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address

## 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 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> | Name | Address      | Type of Action |
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| fect                 | ive date, if other than the date of filing: 73300 (optional)                                                                                                                                                                                                                                                                                 |
| an et<br><u>ote:</u> | fective date is listed, the date must be specific and cannot be pridr to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
|                      | rd 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 led.                                                                                                                                                                                                           |
| ated                 | -July 33, 12000                                                                                                                                                                                                                                                                                                                              |

Filing Fee: \$25.00