

L12000159045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

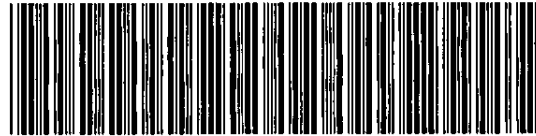
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2013 JUN 10 PM 12:44  
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SUFFICIENCY OF FILING

FILED  
2013 JUN 10 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 11 2013  
EXAMINER

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Orange and Blue</u> <u>Management LLC</u>	FOR OFFICE USE ONLY
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## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 6/7/13 TIME 4:00

Notes: \_\_\_\_\_

FILED  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
JUN 10 AM 9:54  
JUN -7 PM 4:18

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Orange and Blue Management, 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 12-19-2012 and assigned  
Florida document number L12000159045.

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 end with the words "Limited 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)

800 Highland Avenue, Suite 200

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 Highland Avenue, Suite 200

Orlando, FL 32803

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

800 Highland Avenue, Suite 200

*(Enter Florida street address)*

Orlando

*(City)*

Florida 32803

*(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 608, 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.*

*Douglas McElwain*  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

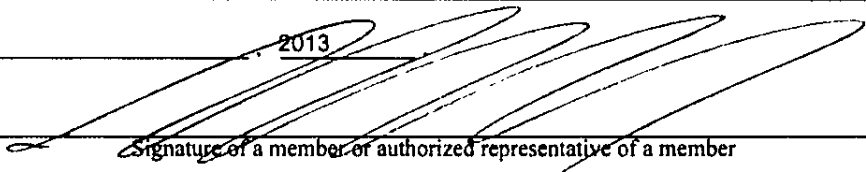
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lee Chira	800 Highland Avenue, Suite 200 Orlando, FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michelle Carlton	800 Highland Avenue, Suite 200 Orlando, FL 32803	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Charlie Carlton	800 Highland Avenue, Suite 200 Orlando, FL 32803	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated June 7, 2013

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Warren Williams  
 \_\_\_\_\_  
 Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN 10 AM 9:54

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