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(Requestor's Name)	
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PICK-UP WAIT I	MAIL
(Business Entity Name)	
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/11/20

NAME: ORANGE ENTERPRISES USA, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ahhie Halge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE ENTERPRISES USA, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/16/2013	and assigned
Florida document number L13000008283		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020
		— ;——
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		A 1 1 1
		;
		: 22
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>-</u>
	Enter r (Orida street quaress	
	, Florida	
	Citv	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	MEDALIE, CHARLES	1101 MIRANDA LANE	
		SUITE 131	■ Remove
		KISSIMMEE, FL 34741	□Change
MGR TUFFIN, ROBERT	1101 MIRANDA LANE	≅Add	
		SUITE 131	□Remove
		KISSIMMEE, FL 34741	□Change
			DRemove
			Change
			80 Add
			Петоvе
			Change
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		. —————————————————————————————————————	Remove
			Change
			DAdd
			□Remove
			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicate cument's effective date on the Department of State's records.	
sament selective date on the Department of State sections.	
ecord specifies a delayed effective date, but not an effective timis filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after t
25th NOVEMBER 2020	_•
B. Tall	ized representative of a member

Filing Fee: \$25.00