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2013 JUN -7 AM II: 55 SECRETARY OF STATE

B. BOSTICK JUN 1 0 2013

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	ORANGE Name of Limite	AUE CONSULTANTS ed Liability Company	LIC		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	JE	FFREY SiTTO Name of Person			
	<u>OR Ange</u>	AVE CONSULTANTS Firm/Company	LLC		
	116 5	ORANGE AVE			
		ANDO, FL 3280) City/State and Zip Code			
	E-mail address: (to	Taitto @ amail. (om beweed for future amual report notification	on)	2013. SEC TALL	
For further information co	ncerning this matter, please ca	ıll:		2013 JUN -7 SECRETAR FALLAHASSI	
Name of	Person	at (813) 453 179 Area Code & Daytime Tel	ephone Number		
Enclosed is a check for th	e following amount:			II: 55 STATE LORIDA	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	ed)

MAILING ADDRESS:

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

brange A	Ul Cur	sultant	s, LLC	,			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as a Limited Liabil	s it now appears or lity Company)	n our records.)				
The Articles of Organization for this Limited Liability Florida document number	• -	re filed onO	3/28/201	3 and a	assigne	d	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the li	mited liability	company here:					
The new name must be distinguishable and end with the v	words "Limited I	iability Company	" the designation	"I I C" or tl	ne abbre		
"L.L.C."	voids Limited i	лаотку сотрану,	the designation	LLC OI II	ic doore	34 14 (101)	
Enter new principal offices address, if applicable:			DRANGE	AVE			
(Principal office address MUST BE A STREET AD	DRESS)	DRIANDO	1, FL 32	301			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -	NJA		SECRETARY OF STALLAHASSEE FI	7013 JUN - 7 AM		
B. If amending the registered agent and/or registered agent and/or the new registered office a		address on our	records, <u>enter</u>	the name	erof th	<u>1e new</u>	
Name of New Registered Agent:	NA						
New Registered Office Address:	······································	Enter	Florida street ac	ddress	<u> </u>		
	, Florida						
	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 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.

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

Title Name **Address Type of Action** KENNETH PIGNATER 14766 PEAKSKIN DR. ORIANDO, FL 32801 MGRM EL CORAZON LLC 116 S. DRANGE AVE ORIANDO, FL 32801

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Filing Fee: \$25.00

2013 JUN -7 AM II: