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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

ro:	<b>Registration Section</b>
	<b>Division of Corporations</b>

ORANGE BLOSSOM BRAND, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARRIE ANNE D'INGLEY

Name of Person

ORANGE BLOSSOM MEDIA GROUP, LLC

Firm/Company

1616 S. HIGHLANDS PARK DRIVE

Address

LAKE WALES, FL 33898

City/State and Zip Code

rusty.ingley@bticpa.com

E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

'Y INGLEY

863 676-7981 at (\_\_\_\_\_) \_\_\_\_

Name of Person

(\_\_\_\_\_) \_\_\_\_ Area Code Daytime Telephone Number

ed is a check for the following amount:

-.00 Filing Fee

e 🛛 🖾 \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations .O. Box 6327 allahassee, FL 32314 Street Address: 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

#### ORANGE BLOSSOM BRAND, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

were filed on	and assigned
ility company here:	
lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
•	
address on our records, er	iter the name of the new register
·	
	`
	vility company here:

ered Agent's Signature, if changing Registered Agent:

cept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is o merely reflect a change in the registered office address, I hereby confirm that the limited liability s been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

Title	Name	Address	<b>Type of Action</b>
			🗆 Add
			🗌 Remove
			🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ve date, if other than the date of filing: \_\_\_\_\_\_ (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.

pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

January 37 7021	
Cand la la	
Signatury of a member or authorized representative of a member	
ARRIE ANNE D'INGLEY	

Typed or printed name of signce