213000101457

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SECRETARY OF STATE TALLAHASSEE FLORIDA

SEP 1 8 2014 T. HAMPTON

COVER LETTER

Division of Corporations				
SUBJECT: Orange Country, LLC				
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:				
DeAnna Montemayor				
Name of Person				
Wyoming Corporate Services, Inc.				
Firm/Company				
1712 Pioneer Ave.				
Address				
Cheyenne, WY 82001				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DeAnna Montemayor Name of Person at (307) Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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

Orange Country, LLC		ASE 7	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	SEP SEP	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000101457</u> This amendment is submitted to amend the following:	were filed on July 15, 2013	SSEE FLORIDA	
A. If amending name, enter the new name of the limited liab	ility company here:	L -	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1314 E. Las Olas Blvd. #203		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301		
Enter new mailing address, if applicable:	1314 E. Las Olas Blvd. #2	03	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action **ABC Consulting LLC** 1712 Pioneer Ave. **MGR** □ Add Cheyenne, WY 82001 **■** Remove 1314 E. Las Olas Blvd. #203 ■ Add **Darrell Miers** MGR Fort Lauderdale, FL 33301 ☐ Remove ☐ Add □ Add ☐ Remove

Э.	It amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)
`		
		
E.	Effective date, if other than the date of filing:	i al) er
	Dated September 3rd 2014	
	Signature of a member or muthorized representative of a member	
	Gerald Pitts on behalf of ABC Consulting LLC, Mar	nager
	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00

