

L13 000 111784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

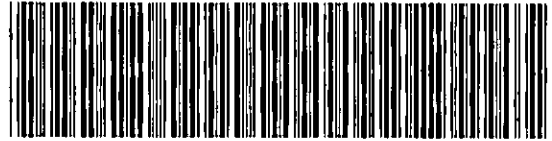
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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AUG 27 2020



# SUPLEE SHEA CRAMER & ROCKLEIN, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

T. RAYMOND SUPLEE, CPA  
NORMAN J. SHEA III, CPA  
THOMAS R. CRAMER, CPA  
JOSEPH E. ROCKLEIN III, CPA  
CANDY L. KESSEL, CPA  
MARINA DINER, CPA  
JAY D. MILLER, CPA

June 12, 2020

Orange Street Partnership  
C/O Morton Wolverton  
3551 Bayou Circle  
Longboat Key FL 34228

RE: Florida Division of Corporations Name Change

Dear Woody:

Enclosed please find the amendment to change the name with the State of Florida from Orange Street Offices to Orange Street Partnership. Please sign and date page 4 and the check. Mail to documents along with the check in the envelope provided to:

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

If you have any questions, please do not hesitate to contact our office.

Sincerely,

T. Raymond Suplee, CPA

TRS:caj

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORANGE STREET OFFICES 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:

MORTON WOLVERTON

Name of Person

ORANGE STREET OFFICES LLC

Firm/Company

800 S OSPREY AVE

Address

SARASOTA FL 34236

City/State and Zip Code

CHRIS@SUPLEE-SHEA.COM

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

For further information concerning this matter, please call:

MORTON WOLVERTON

941

228-8083

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

ORANGE STREET OFFICES, 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 08/07/2013 and assigned Florida document number L13000111784.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ORANGE STREET PARTNERSHIP, LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective 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)

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

6/12/20 1.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**