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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

3124 South Orange 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:

Theodore C. Schuemann

Name of Person

Schuemann & Company, LLC

Firm/Company

250 Tequesta Drive, Suite 300

Address

Tequesta, FL 33469

City/State and Zip Code

ted@FLTaxAdvisers.com

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

For further information concerning this matter, please call:

Theodore C. Schuemann

561 386-5747

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)

Certificate of Status & Certified Copy (additional copy is enclosed)

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STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3124 South Orange LLC			
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L14000063595		and assigne	d
This amendment is submitted to amend the following	og:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter address here:	the name of t	he new
Name of New Registered Agent:		J6 22	CTURTED
New Registered Office Address:			
	Enter Florida street address		epitandij T _{ree} ja
<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 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> Name **Address** Type of Action 8998 Gladin Court Joesph N. Schuemann **AMBR** □ Add Orlando, FL 32819 Remove 228 River Drive MGR Laura M. Leslie-Schuemann □ Add Tequesta, FL 33469 ■ Remove 228 River Drive AMBR Laura M. Leslie-Schuemann ■ Add Tequesta, FL 33469 ☐ Remove 8998 Gladin Court Amy Schuemann MGR ■ Add Orlando, FL 32819 □ Remove _□ Add Rembye

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece			
	(The ef	tive date, if other than the date of filing: [coptional] [coptional]	
	Dated	August 19 2014	
		Signature of a member or authorized representative of a member Joseph N. Schuemann	
		Typed or printed name of signee	

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Filing Fee: \$25.00