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(Re	equestor's Name)	
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COVER LETTER

ГО:	Registration Sec Division of Corp			
,		ORT ORANGE LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Rene Dominguez		
			Name of Person	
			Firm/Company	
		3614 Monserrate street		
			Address	
		Coral Gables, Fl 33134		
			City/State and Zip Code	
		rene.dominguez19@gmail.c	com to be used for future annual report notific	nation)
For furt	her information co	ncerning this matter, please ca		ation
	ominguez	, , , , , , , , , , , , , , , , ,	786 286-2026	
	Name of	Person	Area Code Daytime	l'elephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

(Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		· · · · ·
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		33 577
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
		7
		22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Araming dead cost many bases of the cost o		
B. If amending the registered agent and/or registere	ed office address on our reco	rds, enter the name of the
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
Nov. Pagistared Office Address:		
New Registered Office Address:	Enter Florida street ad	dress
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rene Dominguez	3614 Monserrate St.	Add
		Coral Gables, Fl. 33134	Aud
		Cotal Gables, 11. 33134	Remove
MGR David Dom	David Dominguez	3614 Monserrate St	5
		Coral Gables, Fl. 33134	
		Cotal Gables, F1. 33134	□ Remove
			Change
			ే □ Add
			2
			CS ☐ Remove
			Change
			25
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			□ Add
			Remove
			☐ Change

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rene Dominguez	3614 Monserrate St.	= Add
		Coral Gables, Fl. 33134	
			Remove
			☐ Change
MGR	David Dominguez	3614 Monserrate St	Add
		Coral Gables, Fl. 33134	Remove
			Change
			® □ Remove
			Change
			○ (T) <u>□ □ Ādd</u>
			> 2 □ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			O Add
			Remove
			Change

amending any other informa	tion, enter change(s) here: (Attach additional sho	eets, ij necessary.)
		·
		,
		2
		*
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ffective date, if other than the an effective date is listed, the date multiple of the date inserted in this blocument's effective date on the E	st be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing requires.	(optional) 190 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, a cord is filed.	at 12:01 a.m. on the earlier o
ated October 25	2018	
laul Ls	Signature of a member or authorized representative of a me	ember
-	Signature of a member of audiorized representative of a me	ATION I
Carol L. Dominguez	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00