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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SI	6152 ORA J <b>BJECT:</b>	NGE HILL LLC		
50		Name of Limi	ited Liability Company	<del></del>
Th	ne enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		SCOTT PARKER		
			Name of Person	
		6152 ORANGE HILL LLC		
			Firm/Company	
		2087 INDIAN RIVER BLV	VD	
		<del></del>	Address	
		VERO BEACH, FL 32960	)	
		scott@abgcos.com	City/State and Zip Code	
			o be used for future annual report notif	ication)
Fo	r further information o	concerning this matter, please ca	ıll:	
Sc	ott Parker		772 766 3333	
	Name o	of Person	at () Area Code Daytime	Telephone Number
En	closed is a check for t	he 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6152 ORANGE HILL LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on OCT 9, 2014	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	hity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	2087 INDIAN RIVER BLVD	
(Principal office address MUST BE A STREI		VERO BEACH, FL 32960	
Enter new mailing address, if applicable:		2087 INDIAN RIVER BLVD	
(Mailing address MAY BE A POST OFFICE	BOX)	VERO BEACH, FL 32960	
B. If amending the registered agent and registered agent and/or the new registered o			<b>5</b>
Name of New Registered Agent:	SCOTT PARK	ER S	NOV 30
New Registered Office Address:	2087 INDIAN		<b>-</b> :
		Enter Florida street address	5

## 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.

City

VERO BEACH

If Changing Registered Agent, Signature of New Registered Agent

MGR =	d from our records:  Manager		
	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DARRELL JONES	109 orange Blossom Circle	
		Altamonte Sprongs, FL 32714	■ Remove
			Change
			Add
			☐ Remove
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(If an eff Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will flot be listed as nent's effective date on the Department of State's records.
the red ) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated	NOV 13, 2015
Dateu	$\frac{1}{2}$
•	Signature of a member or authorized representative of a member
	/// 1.2/2
	PETER SCOTT PARKER

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Filing Fee: \$25.00