L150000 140 10

Timothy Garito (Requestor's Name)
Y E Woshington Street, Stite 402
y (Hawleds)
Oclando, FL 32801 (Address)
321848 82 (29 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporation \$7

June 29, 2021

TIMOTHY GARITO 14 E WASHINGTON ST STE 402 ORLANDO, FL 32801 US

SUBJECT: WASHINGTON & ORANGE, LLC

Ref. Number: L15000014010

We have received your document for WASHINGTON & ORANGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS Regulatory Specialist II

Letter Number: 521A00014855

COVER LETTER

Baid Relief Please expedite thank you

TO: Registration Section Division of Corporations

SUBJECT: Washington + 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:

☐ \$30.00 Filing Fee &

Certificate of Status

I cheek for \$35 submitted w prior application

Timothy Garito
Washington + Orange LLC dbasy Fox Pub Firm/Company
14 E Washington St, Svire 402
City/State and Zip Code NFO D Sty fox Or Loundo. Com E-mail address: No be used for future annual report notification)
for further information concerning this matter, please call:
TIMOTHY Ganto at (321) 848 8269 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

☐ \$55.00 Filing Fee &

Certified Copy

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

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Washing ton &	Orange 1	11			
(Name of the Lim	<u>ited Liability∕Compa</u> (A Florida Limited	ny as it now appear: Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on	10/10/20 1/23/1	and ass	igned
Florida document number <u>L150000</u>		•	, , , ,		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the	e abbreviation "L.	IC."
Enter new principal offices address, if appli-	cable:			!	
(Principal office address MUST BE A STREE	ET ADDRESS)				<u></u> _
					
F					77
Enter new mailing address, if applicable:	Barn			<u> </u>	- EEF
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				10 g 2
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	ddress on our re	cords, <u>enter the n</u>		registered
			,		
Name of New Registered Agent:	Lawits	Hospitalin	ry LLC		 _
New Registered Office Address:	14 E Wasi	11 1/2 TIN St. Enter Florid	Hy LLC VI HE 407 la street address , Florida		
	<u>Orla</u>	Indo	, Florida	3280 Zip Code	
New Registered Agent's Signature, if changing					

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
Mgr	Gariro + Company LLC	14 E Washington St, Svide 402	□Add
		Ollando, FL 32801	SRcmove
			Change
NEL	Garito Hispitality LLC	149 Judishington St, Svile 40 Orlando, FL 32801	2 100 dd
		Orlando FL 32801	⊡Remove
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