

L15000138460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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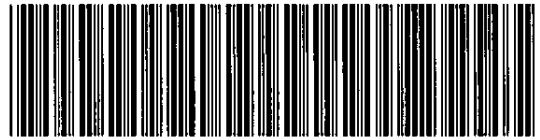
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF
CORPORATION
15 AUG 25 PM 1:17
TO AVOID USE
SUFFICIENCY OF FILING

FILED
2015 AUG 25 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allegiant Estate Sales, 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:

Lucinda Wylie
Name of Person

Orange Blossom Estate Liquidations & Sales, LLC
Firm/Company

P.O. Box 1687
Address

Dade City, FL 33526
City/State and Zip Code

orangeblossomestate@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucinda Wylie at (727) 243-7690
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Allegiant Estate Sales, 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 8-17-15 and assigned
Florida document number L15000138460.

This amendment is submitted to amend the following:

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

Orange Blossom Estate Liquidations & Sales, 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)

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

City

, Florida

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

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

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TALLAHASSEE, FLORIDA

2015 AUG 25 P 11:29

☐ Change
☐ Add
☐ Remove
☐ Change

[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:

Dated

August 25, 2015.



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Andrea Wylie
Typed or printed name of signer

Typed or printed name of signee

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TALLAHASSEE, FLORIDA