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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Orange Ave	nue Services LLC		
,01,000		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	i all correspo	ndence concerning this matter	to the following:	
		Rose Brasgalla		
			Name of Person	
		Orange Avenue Services L	LC	
			Firm/Company	
		1115 South Orange Avenu	e	
			Address	
		Sarasota FL 34236		
			City/State and Zip Code	
		JRSB3892@comcast.net	1777	
For further i	nformation co	n-mail address: (to be used for future annual report notificall.	cation;
Rose Brasga		mater, preuse et	941 822-2368	
	Name of	Person	at ()Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

Orange Avenue Services LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/18/2016 and assigned
Florida document number L16000076348	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	PESS)
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. 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	John Brasgalla	1115 South Orange Avenue	■ Add
		Sarasota FL 34236	☐ Remove
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ective date, if of	her than the date	of filing:		(optie	onal)	
effective date is list e: If the date inso	ed, the date must be sp	ecific and cannot be poes not meet the app	rior to date of filing or dicable statutory fil	more than 90 days after	filing.) Pursuant to 605.03 s date will not be listed	
he 90th day at	fter the record is	s filed.			a.m. on the earlier	0
ed Augu	ST 14		7.			
	ST 14 Mue Signal	ure of a member or a	uthorized representati	ve of a member		
		-				

Page 3 of 3

Filing Fee: \$25.00