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11/01/21--01037--004 **25.00

COVER LETTER

TO:	Registration Section
	 Division of Corporations

208 NORTH ORANGE LLC SUBJECT:

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:

THOMAS ARBUCKLE

Name of Person

208 NORTH ORANGE LLC

Firm/Company

2115 GROVE ST

Address

SARASOTA FL 34239

City/State and Zip Code

THOMASJARBUCKLE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

94] at (____

Area Code

For further information concerning this matter, please call:

THOMAS ARBUCKLE

Name of Person

Enclosed is a check for the following amount:

■ \$25,00 Filmg Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

356-0638

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

208 NORTH ORANGE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

Florida document number 1.16000087379 This amendment is submitted to amend the following:	
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 "LLC" or the abbreviation	1 "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, <u>enter the name of the agent and/or the new registered office address here</u> :	<u>new registere</u>

		Florida Zip Code
New Registered Office Address:	Enter Florida street add	lress

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 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	<u>Type of Action</u>
MGR	KRISTEN ARBUCKLE	2115 GROVE ST SARASOTA FL 34239	
			🗌 Remove
			Change
			🗆 Add
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			Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 23	2021	
and the	~	
/	Signature of a member or authorized representative of a men	iber
Thomas	A cbuckle Typed or printed name of signee	

Filing Fee: \$25.00