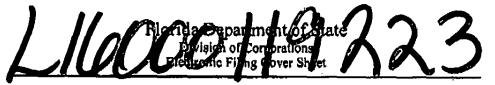
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TOI

Division of Corporations

Pax Number

1 (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPCUANO & BOSARTH, P.A. Account Number : 076077091702

Account Number 7 076077091702
Phone : (407)841-1200
Fax Number : (407)423-1831

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one small address pleasers.

Enail Address: elana.butin@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION ORANGE TRAIL LLC

Cortificate of Status	0
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Electronic Filing Menu

8

2016 SEP

Corporate Piling Menu

Help

SEP (1 & LOTS

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(((816000218279 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orange Trail LLC	_				
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appear Liability Company)	OR OUT TO	cords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on Ju	ne 21, 201	6	, , ,, ,, ,	and assigned
Florida document number L16000119223					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> ;			
The new name must be distinguishable and contain the words "Limited Lieb	oility Company," the d	signation '	LLC" or the	abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:	·———·				
(Principal office address MUST BE A STREET ADDRESS)				3E	6
			SS 25		judes ride 4
			£71.4	<u> </u>	
Enter new mailing address, if applicable:			<u>सर्ग्रहरू</u>		
(Mailing address MAY BE A POST OF FICE BOX)		- 3	그만		
				ō	·-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he			CEST LUBIDA	A :: 00	
					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida sireet at	idr ess		
			, Florida		
	City			Z	ip 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

Page 1 of 3 (((H16000218279 3)))

(((H16000218279 3)))

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR - Authorized Member

Title	Name	Address	Type of Action
MGR	Elana Butin	2250 Broadway, Apt. 2P	= Add
		New York, NY 10024	🗖 Remove
		·	🗖 Change
			Remove
			Change
			
			☐ Remove
			Change
			A Remove
			A Change
			Remove
			□ Change
			D Add
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			Change

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	Property Company
	Liles bridge
	<u>\$</u>
ive date, if other than the date of filing:	(optional)
botive date is listed, the date must be specific and cannot be prior to date of filir If the date inserted in this block does not mest the applicable statutor	ing or more than 90 days after filing.) Pursuant to 60
ent's effective date on the Department of State's records.	·, /B · · · [· · · · · · · · · · · · · ·
cord specifies a delayed effective date, but not an effec 90th day after the record is filed.	tive time, at 12:01 a.m. on the earl
August 30 2016	
Mokozi Bushv Signature of a member or authorized represent	
NICHORIES AT A TRANSPORT OF AUTROTITED FANTAGE	MINITAL OF S INDINDER

Page 3 of 3

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