217000122181

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Statius
Special Instructions to Filing Officer:	
Office Use Only	



000305816720

11/22/17--01023--028 **25.00

BF

COVER LETTER

Registration Section

TO:

Divi	sion of Cor	porations	
	OD ANCE I	DI OCCOM INTERDIORA	I.C.
SUBJECT:	UKANGE	BLOSSOM INTERIOR	i.C.
		Namelői	Limited Liability Company
		#1	
The enclosed	Articles of a	Amendment and fee(s) are	submitted for filing.
			- -
Please return	all correspo	ndence concerning this	atter to the following:
		KELLY B COOK	
		<u> </u>	Name of Person
			Name of Person
		<u> </u>	Firm/Company
			rinii Company
		11712 DARTMOO R	CT
			Address
			Address
		JACKSONVILLE.	. 32256
			CiviCov - 17i- C. 1
			City/State and Zip Code
		kellybethcook@gmail.c	
		E-mail a ddr e	ess: (to be used for future annual report notification)
For further in:	formation co	oncerning this matter, p le a	se call:
KELLY B CO	ООК		904 309-4494
	Name of	Person	at () Area Code Daytime Telephone Number
			• •
		N.	
Enclosed is a	check for th	e following amount:	
E channe:	lina Cas	[] \$20.00 Filian Face	□ \$55.00 EW P
\$25.00 Fi	iing rec	S30.00 Filing Feel& Certificate of Statu	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, s Certified Copy Certificate of Status &
			(additional copy is enclosed) Certified Copy
			(additional copy is enclosed)
		11	
		R .I	
	MAILI	NG ADDRESS:	STREET/COURIER ADDRESS:
Registration Section		ition Section	Registration Section
		n of Corporations	Division of Corporations
	P.O. Bo	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle
	carianas		2007 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE BLOSSOM INTERIOR, LLC

(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	/ Company were filed on	and assigned
Florida document number L17000122181	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
ORANGERIE HOME. LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
 Principal_office address MUST BE A STREET ADD	DRESS)	
11		
$\{i\}$		三 治
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
Maning dataress MAT BL AT OST OTT (CEBOA)		
# }		
B. If amending the registered agent and/or reg	vistered office address on our rec	ords, enterathe name of the nev
registered agent and/or the new registered office ac	ldress here:	
Name of New Registered Agent:		
	-	· -
New Registered Office Address:	Enter Florida street aa	ddress
" !		
M	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	•	up com
i)1 1		
I hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and	n and agree to act in this capacity, , complete performance of my duties	I further agree to comply with the s-and I am familiar with and
accept the obligations of my position as registered	agent as provided for in Chapter 60	05, F.S. Or, if this document is
being filed to merely reflect a change in the registe	red office address, I hereby confir <mark>n</mark>	that the limited liability
company has been notified in writing of th is chang	e.	
is a second of the second of t		

If Changing Registered Agent, Signature of New Registered Agent

f amendin r removed	g Authorized Person(s) authori from our records:	ed to manage, <u>enter the title, name, and</u>	d address of each person being ad
MGR = M MBR = A	lanager Authorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	
			□ Remove
			Change
<u>.</u>			☐ Add
			□ Remove
			☐ Change
			☐ Add
			Remove
			E TO TSkande
			Shange Change
			Add Remove
		 -	Change
			Add
			Remove
			Add
			Remove
			Change

f amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
· · ·	
<u> </u>	<u></u>
	<u> </u>
	<u> </u>
	2 7
	<u>95 2</u> 1 55 -
ffective date, if other than the date of (
an effective date is listed, the date must be specific of the date inserted in this block does a comment's effective date on the Department.	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 of meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of:
Woverwher 16	2017
ated 11-16-17	<u></u>
[(:4)	
Signature C	if a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00