L1800002600

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SECRETARY OF STATE

COVER LETTER

TO:		istration ision of C	Section orporations			
SUBJEC	CT.		roperty Redevelopment, LLC			
3013120	C 1 .		Name of Lim	ited Liability Con	npany	
The enci	losed	Articles o	of Amendment and fee(s) are sub	mitted for filing		
Please re	eturn	all corres	pondence concerning this matter	to the following	;	
			Jaime Valdes-Pages			
				Name of P	erson	
			VP Phoenix, Inc			•
				Firm/Con	pany	
			PO Box 1565			
				Addre	38	<u> </u>
			Goldenrod, FL 32733	1		
				City/State and	Zip Code	-
			jaime@propertiesbyorchid. E-mail address: (l l	ire annual report not	ification)
For furth	ner in	iformation	n concerning this matter, please ca		,	
Alicia V	/alde	s-Pages		407 at (600-1028	
		Name	e of Person	Area	Code Daytin	ne Telephone Number
Enclosed	d is a	check for	the following amount:	1		
\$25.	.00 F	iling Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Fallahassee, FL 3	on orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Orchid Property Redevelopment, LLC						
(Name of the Limited I	Liability Company Florida Limited Liab	as it now appear oility Company)	rs on our records	<u></u>)		
The Articles of Organization for this Limited Liabi Florida document number <u>L18000002600</u>	ility Company we	ere filed on <u>Ja</u>	n 3, 2018		and assigr	ed
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liabi <mark>lit</mark> 	y company h	ere:			
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the c	lesignation "LLC"	or the abbrevi	ation "L.L.C	
Enter new principal offices address, if applicabl	e: _					SE
(Principal office address MUST BE A STREET A	1 <i>DDRESS</i>)				JA:	<u>≯</u> ₩
						ASS ASS
					P	
Enter new mailing address, if applicable:	-				- 65	FLD SI
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				 _	RATE OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO
	-					
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:					name of	the new
		Enter Flo	rida street address	Ÿ		
-		City	, Flo	orida	Lip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:	C.Iţv		2.	ир Сойе	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	igent and agree and complete pe red agent as pra distered office ac	rformance of wided for in (^e my duties, an Chapter 605, 1	id I am fami. F.S. Or, if th	liar with a iis docum	ınd
	If Change	ng Registered A	gent, <u>Signature o</u>	f New Registe	red Agent	

or removed from our records: MGR = Manager AMBR = Authorized Member Address **Title** <u>Name</u> Type of Action Sarah Valdes-Pages MGR 2626 Cedar Bay Pt., Casselberry, F. Bb∧ 🗐 ☐ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change _□ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	nding any other information, enter change(s) here: (titach additional sheets, if necessary.)		
i	f applicable, update email address on record to: jaime@propertiesbyorchid.com		
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ffect	ve date, if other than the date of filing:(optional)		
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puri If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
ocum	ent's effective date on the Department of State's records.		
		uba andia	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	.ne earnei	1 ()1
	2010		
ated	January 10		
	Jan and Care One OWN		
	Signature of a member or authorized representative of a member		
	Jaime Valdes-Pages, Pres		
	Janua Janua Janua Janua Janua		

Page 3 of 3

Filing Fee: \$25.00