To: SUNBIZ LLC Page 2 of 5 Erom: Mike Natarus K smuhiz.org/scripts/efilcovr.exe Division of Corporations Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet r-----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. (((H18000192024 3))) H180001920243ABC Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : TAXLEAF.COM INC Account Number : 120140000084 : (305)541-3980 Phone Fax Number : (888)772-8108 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORANGE GROUND LLC CPLT and a commentation many structure of sector measurements of a first of



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JUN 02 2018

2018-06-28 21:14:24 (GMT) H18000192024 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE GROUND LLC	Company as it now appears on our records.)	- <u></u>
(A Florida	v Company as it now appears on our records.) Linuted Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000003835</u>	ompany were filed on JAN, 04, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and end with the words "Ling	ated Liability Company," the designation "LLC" (i the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	<u>E.S.S)</u>	
		JU i
Enter new mailing address, if applicable:		22 N -
Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
·		
B. If amending the registered agent and/or regist	tered office address on our records, o	nter the name of the n
registered agent and/or the new registered office addr	ress here:	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida struct address	
	, Florid	
	City	ZipCode

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 an 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

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2018-06-28 21:14:24 (GMT) **H18000192024 3** 18887728108 From. Mike Natarus

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BROTHERS88NMO LLC	14334 BISCAYNE BLVI	
		NORTH MIAMI BEACH, FL 3318	81 ⊞ Remove
MGR	SERGHEI TAPLIN	14334 BISCAYNE BLVE	 ⊃≣ ∧dd
		NORTH MIAMI BEACH, FL 3318	Remove
			O Add
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			🖸 Remove

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

		<u> </u>
		<u></u>
The effective date must be specific, cannot be	prior to date of receipt or filed date and cann	ot be more than 90 days after
The effective date must be specific, cannot be the date this document is filed by the Florida l	prior to date of receipt or filed date and cann	ot be more than 90 days after
The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and cann Department of State)	(optional) ot be more than 90 days after
Dated JUNE, 26TH	prior to date of receipt or filed date and cann Department of State) 2018 Upper date of a member or authorized representat	ot be more than 90 days after

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