Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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AUG 0.5 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 03/22/2018 Florida document number L18000073081			a	and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company ho	ere;			
Origin Central Florida, LLC					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	lesignation "LLC" (or the abbreviat	tion "L.L.C	C.''
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
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				<u> </u>	; [
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				>	: 1
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				2	• • • •
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter th</u>	e name of t	he new r	egister
Name of New Registered Agent:	·····				
New Registered Office Address:					
	Enter Flori	ida street address			
		, Flori	ida		
	City		ida	Code	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>				
hereby accept the appointment as registered agent and agr	ee to act in this c	capacity. I furth	ier agree to	comply	with th

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>	Name	Address	Type of Action
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		***************************************	□ Remove
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with an interest transfer and the state of t	,			
Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior t ck does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not be	to 605.0207 (2 oe listed as th
he record specifies a delayed effective ord is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the e	earlier of: (b) The 90th da	y after the
Dated August 4	, 2020	-·		
/s/ Caitlin Lazarus				
/s/ Caitlin Lazarus	Signature of a member or author	rized representative of a me	mber	_

Filing Fee: \$25.00