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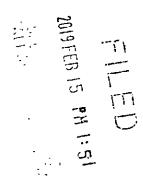
(Requestor's Name)
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COVER LETTER

Div	ision of Cor	porations		
SHIBHEZTT.		e Acquisitions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ricase returi	n an correspo	ndence concerning this matter	to the following.	
		Marc Tracy		
			Name of Person	
			Firm/Company	
		2400 Presidential Way, PH	15	
			Address	
		West Palm Beach, FL 3340)1	
		orangeandblue_1998@yaho	City/State and Zip Code oc.om	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	ail:	
Marc Tracy			561 386.7195 at () Area Code Davtime	
<u> </u>	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$ 25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MITOBES	OF ORGANIZATION	
	OF	30/0 //
Orange Blue Acquisitions LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
		7
The Articles of Organization for this Limited Liability Co	ompany were filed on 10.4.18	and assigned S
Florida document number L18000235062		
	·	12
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	÷ .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or regist	ered office address on our records, e	nter the name of the new
registered agent and/or the new registered office addr	ress here:	are the manie of the new
N CN D. Ca LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	City	zyr Cour

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Frederick Villari	2400 Presidential Way, West Palm Beach, FL 33401	□ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
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an effe ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	2.12.19

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00