## K180000245703

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

Office Use Only



400369290534

07/02/21--01003--010 \*\*25.00

7/24/21



## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Crlando Sout	1 LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Muwa	J. Coleman Name of Person	
	Orlan	do South LLC Firm/Company	
	2900-290	Ol Park Pond Wa	y
		nee, FL 34741 City/State and Zip Code	
	Murrecy E-mail address: A	cdeman & Kw. com o be used for future annual report notific	cation)
For further information e	oncerning this matter, please ca	ıll:	
Murray Co Ngine o	Person	at (352) 4(V)-(S) Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 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 Addres Registration S	Section	Street Address: Registration Sect	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando South LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 101816	and assigned
Florida document number <u>L 1 8000 245703</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the nam gent and/or the new registered office address here:	e of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	1
City	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	1

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sandra Guerrero	203 Pleasant Hill Dr	MAdd
		Clermont, FL 34711	□ Remove
		<del></del>	□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		<del>-</del>	Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

							···
			<u> </u>		<u>.                                    </u>		
					<del></del>	- <del></del>	<del></del>
<del></del>		<del>-</del>		<u>-</u>			
<del></del>					<del></del>		
	<del></del>					·	<del></del>
<del></del>							
<u>_</u>	· ·			<del>-</del> <u></u>			
			·		<del>- · · · · · · · · · · · · · · · · · · ·</del>	<u></u>	<del></del>
<del></del>		<del></del>	<del></del>				
		·					
<del></del>	<del> </del>				<u>.                                    </u>		
							<del></del>
				· · · · · · · · · · · · · · · · · · ·			<del></del>
<del></del>							
			<del></del>				<del></del>
fan effective da <u>Note:</u> If the d	te, if other than t ate is listed, the date r late inserted in this ffective date on the	nust be specific a block does not	and cannot be price at meet the appli	or to date of filing or icable statutory fil	more than 90 days at	otional) fter filing.) Pursuant this date will not	t to 605,0207 be listed as
f an effective do Note: If the d Jocument's ef	ate is listed, the date r late inserted in this	nust be specific a block does not be becarting to be because of the because of th	and cannot be price t meet the appli f State's record	or to date of filing or icable statutory fil s.	more than 90 days at ing requirements, t	fter filing.) Pursuant this date will not	be listed as t
fan effective de Note: If the d document's ef e record specif d is filed.	ate is listed, the date r late inserted in this ffective date on the	nust be specific a block does not be becarting to be because of the because of th	and cannot be price t meet the appli f State's record	or to date of filing or icable statutory fil s.	more than 90 days at ing requirements, t	fter filing.) Pursuant this date will not	be listed as t
fan effective de Note: If the d locument's ef record specif d is filed.	ate is listed, the date r late inserted in this ffective date on the	nust be specific a block does not be becarting to be because of the because of th	and cannot be price t meet the appli f State's record	or to date of filing or icable statutory fil s.	more than 90 days at ing requirements, t	fter filing.) Pursuant this date will not	be listed as t
If an effective do Note: If the d document's ef e record specified is filed.	ate is listed, the date r late inserted in this ffective date on the	nust be specific a block does not Department of tive date, but n	and cannot be prior to meet the applif of State's record not an effective	or to date of filing or icable statutory files.  time, at 12:01 a.m	more than 90 days at ing requirements, to a, on the carlier of:	fter filing.) Pursuant this date will not	be listed as t
If an effective do Note: If the dodocument's ef	ate is listed, the date r late inserted in this ffective date on the	nust be specific a block does not Department of tive date, but n	and cannot be prior to meet the applif of State's record not an effective	or to date of filing or icable statutory fil s.	more than 90 days at ing requirements, to a, on the carlier of:	fter filing.) Pursuant this date will not	be listed as t

Filing Fee: \$25.00