L18000251492

(Requestor's Name)	_
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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22 JUL -8 PH 1: 08

T. MATTHEWS
JUL 25 2022



RECEIVED

2022 JUL -8 PM 12: 22

FLORIDA DEPARTMENT OF STATES

June 21, 2022

SONIA JENKINS 7435 EXCITEMENT DRIVE REUNION, FL 34747

SUBJECT: ORANGE REALTY PROPERTY MANAGEMENT LLC

Ref. Number: L18000251492

We have received your document for ORANGE REALTY PROPERTY MANAGEMENT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as the registered agent. Please remove one of the person(s) name from section B. of the amendment form.

The registered agent must sign accepting the designation.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS**

Letter Number: 022A00013978

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Orange R Navic of Limi	ealty Property N	Janagement LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	Darry	1 Terkins Name of Person	
	Orange	Kealty Property	Management LLC
	7435 Ex	citement Drue	<u>e</u>
	Reunion	City/State and Zip Code Orangerealty: Pobe used for future annual report notice	747
	Dary Do	orangerealty. Pobe used for future annual report notifi	fication)
For further information of	concerning this matter, please ca	II:	
Darry	1 Jenkins of Person	at (<u>321</u>) <u>525</u> Daytime	3502 ov 321 525 3509 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATIONS

FILED STATE **OF** 22 JUL -8 PM 1:08

(Name of the Limited Lia (A Flo	bility Company as	OPEATY s it now appear ity Company)	Managenurs on our records.)	<u>bUC</u>
The Articles of Organization for this Limited Liabilit Florida document number		e filed on		and assigned
This amendment is submitted to amend the following	ţ:			
A. If amending name, enter the new name of the l	limited liability	company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability C	ompany," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7435	Fa ubeneut	Once
(Principal office address MUST BE A STREET AD	DRESS)		Revnien	
	_		Flonda 31	FUFF
Enter new mailing address, if applicable:	_			<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ress on our r	ecords, enter the na	me of the new registered
Name of New Registered Agent:	Darryl	Ainsle	y Jenkin	1
	to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: ST BE A STREET ADDRESS) Remain Flonda 34747 if applicable: POST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new registered office address here: tered Agent: Darryl Ainsley Tenking			
,	Remion		. Florida	34747
		City	,	Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Darryl Ainsley Jenki	in 7435 Excitement or	<u> </u>
		Reuniai Franda 34747	□Remove
			□Change
<u></u> .			□Add
			□Remove
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f an effective Note: If the	ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	specific and ca does not me	annot be prior to dat et the applicable s	e of filing or more th		ing.) Pursuant to 605.0	
record speed is filed.	ifies a delayed effective d	ate, but not ar	i effective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th day after	the
Dated	July St	h	2022	\mathcal{A}			
-	Sig	nature of a me	mber or uthorized	representative of a t	nember		
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