Florida Department of State

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Division of Corporations

Fax Number : (850)617 6383

From:

Account Name : MORAN KIDD LYONS JOHNSON, P.A.

Account Number : I20000000003

: (407)841-4141

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORANGE IVANHOE, LLC

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JAN 23 2023

K. Brumbie.

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ORANGE:	IVANHOE.	
	A CHAILOD.	

(A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000067091	were filed on 03/08/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "L.L.C." 2617 CARTER GROVE CIRCLE
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	2617 CARTER GROVE CIRCLE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2617 CARTER GROVE CIRCLE

agent and/or the new registered office address here: PHILIPPE VILLAIN

Name of New Registered Agent: 2617 CARTER GROVE CIRCLE New Registered Office Address:

Enter Florida street address Florida 34786 WINDERMERE Cin

lew Registered Agent's Signature, If changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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
MGR	KEVIN J. O'DONNELL	91 OAKLEIGH LANE	□ Add
		MAITLAND, FL 3275!	
			□Change
MGR PF	PHILIPPE VILLAIN	2617 CARTER GROVE CIRCLE	
		WINDERMERE, FL 34786	🗆 Romove
_			DAdd
			□ Romove
			□Change
			□Remove
			□Change
 -			
			©Remove
			🗆 Change
			□Add
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			□ Change

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fan effec <u>Note:</u> If	e date, if other than the date of filing: (optional) tive 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 605,0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	December 30, 2022.
	Signature of a member and the isod representative of a member
	PHILIPPE VILLAIN Typed of printed some of these

Filing Fee: \$25.00

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