## L19000083401

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(Business Entity Name)
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## **COVER LETTER**

	gistration Sect ision of Corpo				
arn irze	Orange Nutri	ition, LLC.			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Oscar G. Acuna			
			Name of Person		
		Orange Nutrition, LLC.			
			Firm/Company		
		1442 SR 436, Suite 1000			
			Address		·····
		Casselberry, FL 32707			
			City/State and Zip Code		<del></del>
		OscarGAcuna@aol.com			
		E-mail address: (t	o be used for future annual	report notification)	
For further is	nformation cor	ncerning this matter, please ca	II:		
Oscar Acun	a			0-0228	
	Name of I	Person	at () Area Code	Daytime Telepl	none Number
Enclosed is:	a check for the	following amount:			
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tudditional copy is enc		3 \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

\$

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**

Orange Nutrition 11 C

(Name of the Limited Liabi (A Florid	lity Company as i da Limited Liabilit	t now appears on our records y Company)	<u>·)</u>	
The Articles of Organization for this Limited Liability Florida document number 1.19000083401	Company were	filed on 3/26/2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability c	ompany here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Co	npany," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	144	2 SR 436		
(Principal office address MUST BE A STREET ADD	<i>RESS</i> ) Sui	te 1000		
	Cas	selberry, FL 32707		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 SR 436 te 1000	2019 JUN -	
(many mantes 22.17 bit. 17 con of the 1900)	Cas	selberry, F1, 32707	<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		address on our records		
Name of New Registered Agent: Osca	ır G Acuna			
New Registered Office Address: 6540	S. Goldenrod R	oad, Unit B		
	Enter Florida street address			
Orla	ndo	, Flo	orida <u>32822</u>	
<del></del>	(	ity	Zip Code	

Thereby 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>	<u>Address</u>	Type of Action
MGRM	Carlos O Morales	9945 DOWDEN RD NO. 20113	
	#	ORLANDO, FL 32832	
		ORDANDO, TD 32632	<b>■</b> Remove
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	5/22/2019		
Tective date, if other than the an effective date is listed, the date mus	date of filing:	date of tiling or more than 90 day	optional) s after filing ) Pursuant to 605.02
ote: If the date inserted in this bl	ock does not meet the applicable	le statutory filing requirement	s, this date will not be listed :
ocument's effective date on the D	partment of State's records.		
record specifies a delayed	effective date, but not a	an effective time, at 12:	01 a.m. on the earlier
The 90th day after the rec	ord is filed.		
Nov. 22ad	2019		
ated May 22nd			
	hear-liter com	+	
	12775-21 1 11/17 11/1/1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Signature of a member or authorize	ed representative of a member	

Page 3 of 3

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