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COVER LETTER

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations			
SHRIECT:	ORANGI	E & BLUE RENTALS, LLC			
SOBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		David R. Mains, Paralegal			
			Name of Person	_	
		KARLSON LAW GROUP	P. P.A.		
			Firm/Company		
		301 Dal Hall Blvd.			
			Address		
		Lake Placid, FL 33852			
			City/State and Zip Code		
		info@karlsonlaw.com			
		E-mail address: (to be used for future annual	report notific	ration)
For further in	formation co	oncerning this matter, please co	all:		
David R. Mains, Paralegal		863	465-5033		
	Name of	Person	at () Area Code	Daytime 1	l'elephone Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street A Registr	ddress: ration Secti	ion
_		orporations		on of Corpo	
P.O	. Box 632	7		entre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

ORANGE & BLUE RENTALS, LLC 2022 MAR -4 AM 7: 08 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on November 20, 2019 and assigned Florida document number L19000288480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/Λ New Registered Office Address: Enter Florida street address N/A

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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	GUELFF, STEVEN M.	205 Sea Biscuit Lane, Lake Placid, FL 33852	□Add
			□Remove
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			□Remove
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Filing Fee: \$25.00