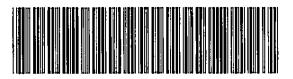
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COVER LETTER

TO: Registration Section **Division of Corporations** OREANDO WHOLESALE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VAN NGUYEN Name of Person TAX & PAYROLL SOLUTIONS LLC Firm/Company 15250 S TAMIAMI TRL STE 111 Address FORT MYERS FL 33908 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VAN NGUYEN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **፷** \$25.00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO WHOLESALE LLC

2020 pm -8 AH 10:29

(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 5/27/2020	and assigned			
Florida document number L20000143604					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
LIZN ORLANDO WHOLESALE LLC					
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		·			
(Principal office address MUST BE A STREET ADD	ORESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	y.				
	, Florida City Zip Code				
	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 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
			□Add
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			🗆 Change
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