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(Re	questor's Name)
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(Cil	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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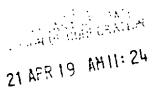
Tallahassee, FL 32314

TO: Registration Se Division of Co			
501 SOUT	TH ORANGE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sul	omittest for filing	
	ondence concerning this matter		
	Steven Gaudet		
	-	Name of Person	
	501 SOUTH ORANGE L	LC	
		Firm/Company	
	411 Walnut St #17149		
		Address	
	Green Cove Springs, FL 3	2043	
	stevegaudet2000@gmail.co	City/State and Zip Code om to be used for future annual report not	
For further information of	concerning this matter, please c		incanon)
Steve Gaudet		904 540-0821	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	4.7	The Centre of	I allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	UTH ORANGE LLC ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on A	pril 16, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company her	<u>-e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or th	e abbreviation "L.I.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	_	
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:	d office address on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Emer Flori	la street address	
		, Florida	
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

21 APR 19 AHII: 24 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

Title	<u>Name</u>	Address	Type of Action
MGR	SOUTH ORANGE HOLDINGS LCC	411Walnut St #17149 Green Cove Springs FL 32043	= Add
			□Remove
			□Change
MGR	Steven M Gaudet	411Walnut St #17149 Green Cove Springs FL 32043	🗆 Add
			≡ Remove
	•		□Change
			🗆 Add
			□Remove
			□Change
			_ □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

ending any other information, enter chan	ge(s) here: /Attach addii	ional sheets, if nece	38ary 4
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	<u> </u>		
ive date, if other than the date of filing: _		(optic	onal)
fective date is listed, the date must be specific and car If the date inserted in this block does not mee	not be prior to date of filing or the applicable statutory fil	more than 90 days after ing requirements, this	tiling.) Pursuant to 605.0 date will not be listed
nent's effective date on the Department of State	's records.	-	
rd specifies a delayed effective date, but not an iled.	effective time, at 12:01 a.m	, on the earlier of: (b) The 90th day after
icu.			
April 16	2021		
	50	7	
	5/2/	- Hor	-1/16,202
Signature of a men	ber or authorized representati	ve of a member	7

Filing Fee: \$25.00