Division of Corporations Electronic Filing Cover Sheet

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(((H21000414747 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160800067

Phone : (407)370-3686 Fax Number : (407)370-3120

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

Email Address: 95515tant. hayllana @ larsongec. Con.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN() ORANGE MARKETPLACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

:	2	11/9/20	07:07 AM	TO:18506176383	FROM:4073703120
			i	COVER LETTER	L
TO:	Рапі	stration Sect	i ,		
10.		sion of Corp			
		ORANGE M	IARKETPLACE LLC		
SUB.	JECT:		Name of 1	Limited Liability Company	
		A a'-l	diment and feate) are	submitted for filing	
			mendment and fee(s) are		•
Pleas	e return	all correspon	dence concerning this ma	tter to the following:	
			OLDOLDIC LADGON		
			CAROLINE LARSON	Name of Person	
				Name of Person	
			LARSON ACCOUNT	ING GROUP	
				Firm/Company	
			7901 KINGSPOINTE	PKWYSTE 17	
				Address	
			ORLANDO, FL 32819)	
			City/State and Zip Code		
			assistant.hayllana@lars	•	
				ess: (to be used for future annual	report notification)
For	further in	iformation co	oncerning this matter, plea	se call:	
CAF	ROLINE	LARSON			03686
		Name of	Person	at () Area Code	Daytime Telephone Number
Encl	losed is a	check for th	e following amount:		
	\$25.00 i	Filing Fee	S30.00 Filing Fee & Certificate of Statu		Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee Page: 3 11/9/2021 07:07 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE MARKETPLACE LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited L Florida document number <u>L21000083832</u>	iability Company		and assi	gned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
N/A		the state of the state of		C."	_	
The new name must be distinguishable and contain the v	vords "Limited Liabil	hity Company," the designation "LLC" or the act	previation E.L	C.		
Enter new principal offices address, if applic	able:	tener D			_	
(Principal office address MUST BE A STREET ADDRESS)		12235 Regency Village Drive				
		Orlando, FL 32821			_	
Enter new mailing address, if applicable:		12235 Regency Village Drive	<u> </u>			
(Mailing address MAY BE A POST OFFICE			Orlando, FL 32821			
					_	
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:	address on our records, <u>enter the nam</u>	e of the new		terec	
Name of New Registered Agent:	N/A		<u> </u>	NO.	_	
New Registered Office Address:	N/A		د <u>.</u>	<u> </u>		
*		Enter Florida street address	35.4 55.4	9	=	
		, Florida	[T]		— <u>ˈ</u>	
		City	Zip Göde) K		
New Registered Agent's Signature, if changing				1:5		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the	er and complete istered agent as j	e performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	if this docu	n ana ment i		

company has been notified in writing of this change.

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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

AMBR = A	AMBR = Authorized Member							
<u>Title</u>	Name	Address	Type of Action					
AMBR	WF ASSOCIATES LLC	11707 SPRAWLING OAK DR						
		WINDERMERE, FL 32835	□Remove					
			Change					
			□Add					
			Remove					
			Change					
			□Add					
			Remove					
			□ Change					
			□Add					
			□Remove					
			Change					
			□Add					
			□Remove					
			Change					
		_	□Add					
			□Remove					

The required change of the auth	orized to manage is to correct one v	word of the name.	 	-	
WF Assiciates LLC by WF Ass	ociates LLC			_	
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Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable stati	(option filing or more than 90 days after filing requirements, this d	al) ling.) Pursuant to 60 late will not be li	05.0207 sted as	(3)(b the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)		ler the	
			27 2€	N O.	
Dated OCTOBER 26	. 2021		755 4	NOV -9 PM 12: 47	רובט
	2-11-1	// :		70	כ
	gnature of a member or authorized rep	resentative of a member		2:	
DENIATA C CADDINISI	1 T		ORIGI	<u>+</u>	
RENATA G CARPINEL	Typed or printed name of	of signee	<u> </u>		

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Filing Fee: \$25.00