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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: 50	outh Orange L	LC	
30B81.C1.	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicolas	Nune of Person	
		Name of Person	
	South	Orange LLC Firm/Company	
		Firm/Company	
	2701 Pon	ice de lesa Blud	Suite 30
	Coral gab	Ves Miani, FL, 33	134
		( 11,7 C 1114	
	E-mail address. (t	TCO USA - COM to be used for future annual report notif	leation)
For further information	concerning this matter, please ca	all:	
NICOLAS N	1UNEZ	at ( <u>1</u> ) <u>78662</u> Area Code Daytime	07788
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
<b>₹</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[ ] [ ]

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SOUTH ORANGE LLC

	300 m OKA	MAGE EEC		
(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears on o liability Company)	ur records.)	TORETARY COSTUTE TILL COST OF STATE
The Articles of Organization for this Limited Liab		were filed on $09/0$	7/2021	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil			
Enter new principal offices address, if applicab	ole:	2701 Pouce	de leav	Bud
(Principal office address MUST BE A STREET	ADDRESS)	Svite 300 FL, 33134	) Com/	Bud Jables
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	<u>2701 Ponce</u> <u>Suile 300</u> <u>FL, 33134</u>	de Lean	1 Bhd
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	Nicol	LAS NUNEZ Buce deleon E		
New Registered Office Address:	2701 7	Suce delean f	Well Swite	<i>3</i> w
	CORAL	gables		33/34 Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 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>	Address	Type of Action
MGR	Rodrigo gana	3250 NE 1 AVENUE	🗆 Add
		SUITE 307, MIANI, FL,	<b> X</b> Remove
		33137	□Change
			□Add
			□Remove
			□ Change
			□Add
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			□ Change
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Note:	ive date, if other than the date of filing:
ord is fi	
Dated	December 6th 2021
	. / / ト
	A booker & home .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00