

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000106346 3)))



H250001063463ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Phone

Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge.	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Sec Ision of Corp				
		PROPERTIES LLC			
SUBJECT:		Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub			
Please return	all correspor	ndence concerning this matter	to the following:		
		ED KOTLER			
			Name of Person		
		TAXZONE INC			
			Firm/Company		
		8865 COMMODITY CIR	STE 4		
			Address		
		ORLANDO, FL 32819			
		•	City/State and Zip C	ode	
		ACCOUNTANT@TAXZO			
		E-mail address: (to be used for future and	nual report notific:	ition)
For further in	oformation co	ncerning this matter, please c	all:		
YOUSEFF I	ELSAYED		407 at ()	888-3131	
	Name of	Person	Area Code	Daytime T	clephone Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing I Certified Copy (additional copy i	у	□ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address			t Address:	an.
	gistration S vision of Co	ection orporations		istration Section is in the section of Corpe	
	Box 6327		The	Centre of Tal	lahassee
Tal	lahassee, F	L 32314	241:	5 N. Monroe :	Street, Suite 810

Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO PROPERTIES LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
The Articles of Organization for this infinited Education Comp		
Florida document number L21000458865		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Linkility Company " the designation "LLC" o	r the abbreviation "L.L.C."
The new name must be distinguishable and contain the works. Limited in	Elability Company, site designation	2025
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
1 The apart of the		. 25
		د ی
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		e it a sus mintanno
B. If amending the registered agent and/or registered off	fice address on our records, <u>enter th</u>	c name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALMA ISMAEL	8423 CITRUS CHASE DR	■Add
		ORLANDO, FL 32836	
			Change
			□Add
			[]Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			CRemove
			Change
			□Add
			□Remov e
			□Change

Page: 8 of 9

From: Tax Zone

· ·			
		-	
			-
·-			
			
			<u> </u>
Tective date, if other than th	ne date of filing:		(optional)
an effective date is listed, the date m	ne date of filing: Let be specific and cannot be prior to block does not meet the applica Department of State's records.	ble statutory filing requirement	s, this date will not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective tin	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
MARCH 21	2025		
ated	, // /	·	
	1	rized representative of a member	

Typed or printed name of signee