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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

TO:

| South Ora | nge Concepts LLC | | |
|--|--|---|---|
| 30b30c1. | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Nicole Wilkinson | | |
| | | Name of Person | · |
| | Orange Avenue Concepts | LLC | |
| | | Firm/Company | |
| | 105 E Robinson St. Suite 5 | 500 | |
| | | Address | |
| | Orlando, FL 32801 | | |
| | | City/State and Zip Code | |
| | nikster12004@yahoo.com | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Nicole Wilkinson | | 407 766-5886 | _ |
| Firm/Company 105 E Robinson St. Suite 500 Address Orlando, FL 32801 City/State and Zip Code nikster12004@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Orange Concepts LLC

| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
|--|--|---|
| The Articles of Organization for this Limited Liability Co | ompany were filed on 11/12/2021 | and assigned |
| Florida document number <u>L21000487446</u> | _· | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| 1 South Orange Concepts LLC | | |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR | (ESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered | l office address on our records, <u>enter th</u> | ne name of the new register |
| agent and/or the new registered office address here: | | |
| | | 28 |
| Name of New Registered Agent: | | 2021 NOV |
| New Registered Office Address: | | 2 |
| | Enter Florida street address | o m |
| | , Flor | ida 🔾 🖁 🗂 |
| | City | Tip Control |
| New Registered Agent's Signature, if changing Registered | 1 Agent: | 3 5 |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and ca accept the obligations of my position as registered ag being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of my duties, and gent as provided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |
| company has been notified in writing of this change. | а одное иши ess, 1 негепу сопутт that | те атава навину |

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| Effect (If an of | ctive date, if other than the date offective date is listed, the date must be so If the date inserted in this block of ment's effective date on the Depart | does not meet the applica | to date of filing or more than able statutory filing requir | (optional) 90 days after filing.) Pursuant to 60 rements, this date will not be lis |)5.0207 (3 sted as th |
| Note: | | | | | |
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