

H220003960213

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L21000493518

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.

(((H22000396021 3)))



H220003960213ABCZ

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 : PRESSLY, PRESSLY, RANDOLPH & PRESSLY, P.A.
Account Number : I20180000079
Phone : (561)659-4040
Fax Number : (561)655-6006

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV 21 AM 11:08

FILED

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

Email Address: randy@pprplaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORION CIRCLE PROPERTY, LLC**

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

C. BRUMBLEY

NOV 22 2022

2022 NOV 21 AM 11:20

Electronic Filing Menu

Corporate Filing Menu

Help

H220003960213

H220003960213

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORION CIRCLE PROPERTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/16/2021 and assigned Florida document number L21000493518.

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 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

The Northern Trust Company

New Registered Office Address:

Attn: Isaura Velez Mendez, Vice-President, 600 Brickell Ave., Ste 2400

Enter Florida street address

Miami

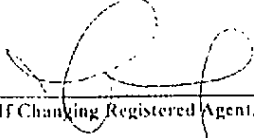
Florida 33131

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 Changing Registered Agent, Signature of New Registered Agent

H220003960213

H220003960213

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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM C. WALLACE	140 WELLESLEY DRIVE	<input type="checkbox"/> Add
		LAKE WORTH BEACH, FL 33460	<input checked="" type="checkbox"/> Remove
	THE NORTHERN TRUST COMPANY, IN ITS CAPACITY AS TRUSTEE OF THE WILLIAM C. WALLACE TRUST AGREEMENT DATED JUNE 9, 2016, AS AMENDED AND RESTATED	THE NORTHERN TRUST COMPANY, IN ITS CAPACITY AS TRUSTEE OF THE WILLIAM C. WALLACE TRUST AGREEMENT DATED JUNE 9, 2016, AS AMENDED AND RESTATED	<input type="checkbox"/> Change
MGR		ATTN: ISaura VELEZ MENDEZ, VICE-PRES	<input checked="" type="checkbox"/> Add
		600 BRICKELL AVE , STE 2400, MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H220003960213

H220003960213

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 21, 2022

Pr. M. A.
Signature of a member of

Signature of a member or authorized representative of a member:

JOHN W. RANDOLPH, JR., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00

11220003960213