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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

≤Email Address:_____

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 PEACH AND ORANGE LLC Certificate of Status 0 Certified Copy 0 Page Count 04 \$25.00 Estimated Charge

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PEACH AND ORANGE LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L21000507661		and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility 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 nev	v registere
agent and/or the new registered office address here:		95-	2
Name of New Registered Agent:		PS	2021 DEC
New Registered Office Address:		AHA	H T
	Enter Florida street address	la Zip Code.	C-6 A
	, Floric	la 💮 🤃	_ }
New Registered Agent's Signature, if changing Registered Agent	·	200 E	FILED
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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Julie Amanda Larsen	351 Clifton Bay Loop,	X⁄Add
		St. Johns, FL 32259	□Remove
			□Change
			□Add
			□Remove
			□Add
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effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the applic	able statutory filing rec	quirements, this da	te will not be	: listed
ord specifies a delayed effective o	date, but not an effective to	ime, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day	after th
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Killing I	gnature of a member or auth	orized representative of a	member	OF STATE E. FLORID.	AH 10: 53

Filing Fee: \$25.00