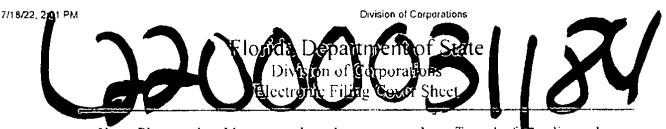
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

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TO:

COVER LETTER

TO:	Registra: Division	tion Section of Corpor						
0115 15		ORANGE ICONSULTANTS LLC						
SUBJE	(,1: <u></u>	Name of Limited Liability Company						
The enc	losed Anie	cles of An	nendment and fee(s) are subm	ined for filing.				
Please n	eturn all e	orresponde	ence concerning this matter to	the following:				
			Cheyenne Moseley					
Name of Person								
Legalzoom.com, Inc.								
Firm/Company								
101 N Brand Blvd 11th Fl								
Address								
Glendalc, CA 91203								
				City/State and Zip Code				
chandrrasckkhar@gmail.com E-mail address: (to be used for future annual report notification)								
			E-mail address: (to	be used for future annual:	report notification)			
For furt	her inform	ation conc	eerning this matter, please cal	l:				
Cheyen	ne Mosele	y,		800 77.	3-0888			
Name of Person Area Code Daytime Telephone Nur				Number				
Enclose	d is a chec	k for the f	ollowing amount:					
□ \$25	.00 Filing	Fee	. □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enc	losed) C	60.00 Filing Fee, Certificate of Status & 'ertified Copy additional copy is enclosed)		

MAILING ADDRESS: Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE ICONSULTANTS LLC		
(Name of the Limit	ed Liabllity Company as it now appears on our records. (A Florida Limited Liability Company))
The Articles of Organization for this Limited L Florida document number L22000031184	iability Company were filed on 01/14/2022	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.,C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE) B. If amending the registered agent and	/or registered office address on our records,	enter the name of the nev
registered agent and/or the new registered o	ffice address here:	6 /2 ~
Name of New Registered Agent:	Lakshmi Renu Kaki	20 02
New Registered Office Address:	16235 COMPTON HEIGHTS PLACE	-
	Enter Florida strvet address TAMPA , Flo	rida 33647
	City	⊋Zip Cod€.
New Registered Agent's Signature, if changing	Registered Agent:	9 0

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.

Lakshmi Renu Kaki

If Changing Registered Agent. Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

Title	<u>Name</u>	Address	Type of Action
AMBR	KAKI, CHANDRASEKHAR		
		16235 COMPTON HEIGHTS PL TAMPA, FL 33647	
			Change
AMBR	Lakshmi Renu Kaki	16235 COMPTON HEIGHTS PL TAMPA, FL 33647	B Add
			☐ Remove
			□ Change
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			Change
			Add
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