L23 000 H3H 052

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
,
(2)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellips Officer
Special Instructions to Filing Officer:

Office Use Only



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2023 OCT - 6 - MH 9: 53 SECRETINATE TATE

COVER LETTER

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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	Orlando, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shelley A Davis			
		Name of Person		-
	Your Home Orlando, LLC	:		
		Firm/Company		-
	426 Turnstone Way			
		Address		20 SI
	Orlando, FL 32828			2023 OCT SECKETA
		City/State and Zip Code		
	Shelley@yourhomeinorland			<u> </u>
	E-mail address: (to be used for future annual re	port notification)	高名 建
For further information c	oncerning this matter, please co	ali:		
Shelley Davis		407 625-	3489	2至 53
Name o	f Person	Area Code	Daytime Telephone Number	•
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica sed) Certified	te of Status &
Mailing Address		Street Add		
Registration S Division of C			ion Section of Corporations	
P.O. Box 632	-		re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lia Florida document number L23000434052	bility Company were filed on 9/18/2023	and assigned
rionda document number	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	20 S
(Principal office address MUST BE A STREET	ADDRESS)	23 C
17 THICKNESS OF THE WAR COST OF THE STREET	INDALISO	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	ကျားကျွယ္ မွ
B. If amending the registered agent and/or reagent and/or the new registered office address		r the name of the new registere
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addr	ess
	,	lorida

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shelley A Davis	426 Turnstone Way	
		Orlandi, FL 32828	■Remove
			□ Change
MGR	Brian E Davis	426 Turnstone Way	\equiv A dd
		Orlando, FL 32828	□Remove
			□Change
			S DAdd Remove 1
		-	
			□ Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [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 695.020 (Ngt.; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. In 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 dis filed. Signature of a member or authorized representative of a member							
ffective date, if other than the date of filing:							
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Signature of a member or authorized representative of a member	October 1	2	2023				
Signature of a member or authorized representative of a member		/ " /					
	1/3	//					

Filing Fee: \$25.00