L23000498672

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COVER LETTER

Division of Co			
ORANGE SUBJECT:	REAL ESTATE MANAGEMI	ENT LLC	
SUBJECT:	Name of Lin	nited 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:	
	Aashish Thoutam		
		Name of Person	
		Firm/Company	
	10733 Pleasant Knoll Dr		
		Address	
	Tampa, FL, 33647		
		City/State and Zip Code	
	aashish.thoutam@gmail.cor E-mail address: (n to be used for future annual report notific	ation)
For further information c	concerning this matter, please c		· · · ,
Aashish Thoutam		813 470-0744 at ()	
Name o	of Person	Area Code Daytime 1	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORANGE REAL ESTATE MANAGEMENT LLC

202311018 /111:29

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

The Articles of Organization for this Limited Liability Compan	iv were filed on 11/02/2023	and assigned
Florida document number L23000498672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ORANGE VACATION HOMES LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" 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 agent and/or the new registered office address here:	: address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	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 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
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			□Remove
			□ Change
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Iffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blookument's effective date on the De	ck does not m	icet the applica	o date of filing	or more than 90 c	(optional) days after filing ents, this date	.) Pursuant to 60:	5.0207 (ted as t
record specifies a delayed effective d is filed.	date, but not	an effective tir	ne, at 12:01 a	.m. on the earli	er of: (b) T	ne 90th day afte	er the
December 13th	<u> </u>	2023					
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