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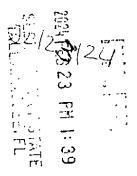
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COVER LETTER

Div	ision of Corpo	prations		
SUBJECT:	Orange Sky C			
SOBJECT.		Name of Lim	ited Liability Company	
The encloses	d Articlas of A	mendment and fee(s) are sub	mitted for filing	
			· ·	
Please return	n all correspond	dence concerning this matter	to the following:	
		Bryan Wholey		
			Name of Person	
		N/A		
			Firm/Company	
		1100 4th Street North		
			Address	
		St Petersburg, FL, 33701		
		hwholey@smithandassociat	City/State and Zip Code es.com	
			to be used for future annual report notif	fication)
For further in	nformation con	cerning this matter, please ca	all:	
Bryan Whol	ey		339 793-0776 at ()	
	Name of P	erson		e Telephone Number
Enclosed is a	a check for the	following amount:		2024 FEB
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address:		Street Address:	

Registration Section

TO:

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 Sky Capital LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 1.23000545031	lity Company were filed on December 11, 2023 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	Florida Street address Florida City Cit
_	City - Zip Gode [7]
New Registered Agent's Signature, if changing Regi	stered 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 amy 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 lightly 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	Robert P Glaser	1100 4th Street North	
		St Petersburg, Fl., 33701	≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	Remove
			□Change
			□Add
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