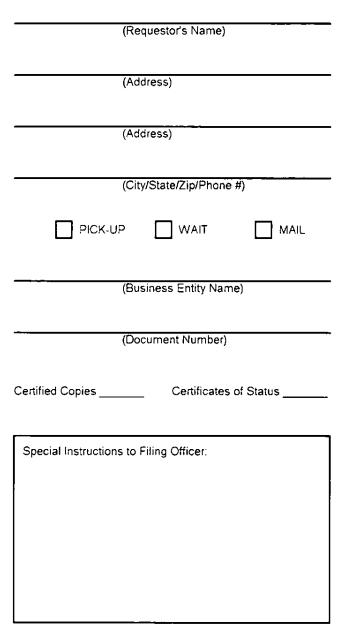
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
		NG IN THE ORANGE		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		MICHAEL LATINI		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		SOMETHING IN THE OR	ANGE	
			Firm/Company	
		11332 HIDDENT TREASU	JRE COURT	
			Address	
		NEW PORT RICHEY, FL.	34654	
		LATINI235@VERIZON.NE	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report n	otification)
For furt	ther information c	oncerning this matter, please ca	all:	
TERA I	LATINI		727 5147974	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Something In The Orange		<u>-</u>
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (1.24000146034		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		• 1
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		
		
		. . ()
B. If amending the registered agent and/or registerence agent and/or the new registered office address here:	- -	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	'SS
		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 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	TERA LATINI	11332 HIDDEN TREASURE COURT NEW PORT RICHEY, FLORIDA 34654	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

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		APRIL 03, 202	.1			
Tective date, if other tha	in the date of filing	(:		<u> </u>	_ (optional)	
an effective date is listed, the do	ate must be specific and this block does not m	cannot be prior to c	date of tiling or e-statutory fil	more than 90 d	ays after filing.) P ints, this date w	ursuant to 605.020 Ill not be listed a
ocument's effective date on	the Department of St	tate's records.	•			
record specifies a delayed e l is filed.	ffective date, but not	an effective time	, at 12:01 a.n	n, on the earlie	er of: (b) The s	90th day after the
APRIL 03		2024				
ated			•	,		
	1/4					
	Signature of a n	nember or authoriz	ed representat	ive of a membe		