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NAME: 906 N ORANGE AVENUE, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration S Division of Co			
906 N OR	ANGE AVENUE, LLC		
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Nicholas A Fouraker		
		Name of Person	
	906 N ORANGE AVENU	E, LLC	
		Firm/Company	
	2001 E. Robinson Street		
	<u> </u>	Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	nick@4acre.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Robert T. Rosen		407 540-6612 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre		Street Address: Registration Sec Division of Corr	

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

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906 N ORANGE AVENUE, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number 1.25000109614 This amendment is submitted to amend the follo A. If amending name, enter the new name of	wing:		and assigned
The new name must be distinguishable and contain the we			ion "LLC" or the abbreviation "LLC."
		1818 E. Robinson Stre	
Enter new principal offices address, if applicable:		1818 E. ROBINSON SUC	et, Onando, 1 E 32803
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office :	uddress on our record	et, Orlando, FL 32803 s, enter the name of the new registered
Name of New Registered Agent:	Nicholas A Fot	iraker	
New Registered Office Address:	1818 E. Robins		
	Enter Florida street address		
	Orlando		Florida 32803 Zip Code
		City	zip Crue
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	d agent and agr er and complete stered agent as registered office	ree to act in this capace performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Decusion Envelope ID: D28C5C8C-CC2E-4087-833A-A57F2A0012F3
II AIRCHUMING AUTHOLIZER PERSON(S) AUTHOLIZER TO HIMMAGE, 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 MADISON, BEVERLY	MADISON, BEVERLY B	6545 CAY CIRCLE	
		BELLE ISLE, FL 32809	■Remove
			Change
MGR M	MADISON, PETER D	4905 OAK ISLAND ROAD	
		BELLE ISLE, FL 32809	■ Remove
			Change
MGR Nicholas A. Fouraker	Nicholas A. Fouraker	5826 Cove Drive, Belle Isle, FL 32812	\(\beta\) Add
			□ Remove
			Change
MGR Amy Elizabeth Fou	Amy Elizabeth Fouraker	5826 Cove Drive, Belle Isle, FL 32812	\ Add
			Remove
			□Add
			Remove
			Change
			🗀 Add
			Remove
			∏ Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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•	
Note:	tive date, if other than the date of filing: [cetive 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 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	March 17, 2025
	Signature of a member or authorized representative of a member
	Peter D. Madison
	Typed or printed name of signee

Filing Fee: \$25.00