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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

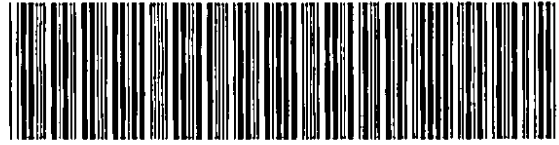
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/19/17--01002--002 ++30.00

2017 DEC 18 AM 8:36  
TALLAHASSEE, FLORIDA

FILED  
17 DEC 29 PM 2:29  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 29 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2017

BENITA CORIANO  
7978 LAKE WILSON RD  
DAVENPORT, FL 33896

SUBJECT: ARKINA HOLDINGS LLC  
Ref. Number: L17000215241

We have received your document for ARKINA HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00025642

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arkina Holdings LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benita Coriano

\_\_\_\_\_  
Name of Person

Jeeves Holiday Homes

\_\_\_\_\_  
Firm/Company

7978 Lake Wilson Rd.

\_\_\_\_\_  
Address

Davenport

\_\_\_\_\_  
City/State and Zip Code

benny@jeevesfloridarentals.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benita Coriano

407 704-8986  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Arkina Holdings LLC

(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 Company were filed on 10/17/2017 and assigned  
Florida document number L17000215241.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

7833 Palmilla Ct.

**(Principal office address MUST BE A STREET ADDRESS)**

Kissimmee FL 34747

**Enter new mailing address, if applicable:**

7978 Lake Wilson Rd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Davenport FL 33896

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jeeves Holiday Homes

New Registered Office Address:

7978 Lake Wilson Rd.

*Enter Florida street address*

Davenport

*City*

Florida

33896

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	David Heaney	21 Rue Du Clos, Ground Floor	<input checked="" type="checkbox"/> Add
		Geneva 1207 Switzerland	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Ashton	21 Rue Du Clos, Ground Floor	<input checked="" type="checkbox"/> Add
		Geneva 1207 Switzerland	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amity LTD	21 Rue Du Clos, Ground Floor	<input checked="" type="checkbox"/> Add
		Geneva 1207 Switzerland	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sunshine Skies Investments Limited	21 Rue Du Clos, Ground Floor	<input checked="" type="checkbox"/> Add
		Geneva 1207 Switzerland	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2017  
CHICAGO, ILL.  
U.S. DEPARTMENT OF JUSTICE  
SECURITIES AND EXCHANGE COMMISSION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please add EIN #82-3544142

[illegible]

E. Effective date, if other than the date of filing: 12/14/2017 (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated

Signature of a member or authorized representative of a member

Benita Coriano

Typed or printed name of signee

FILED  
17 DEC 29 PM 2: 29  
FBI - TAMPA

N255NEW

LIMITED POWER OF ATTORNEY

"know all men by these present"

I/We ARKINA HOLDINGS LLC and/or David Ashton

Hereby appoint and authorize LJ Florida Property Services DBA JEEVES HOLIDAY HOMES to act as Attorney In Fact to perform walk-thru and inspections on the property at:

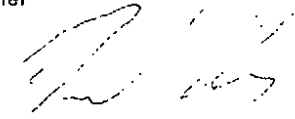
7833 PALMILLA COURT REUNION

Legally described as LOT: 4172006 BLOCK: Reunion

and specifically Ayleen Boyce (employee of Jeeves Holiday Homes) to perform the service of activating in the owners name, discharging and overseeing accounts relating to electricity, water, sewage, HOA, telephone, cable, security, garbage collection, insurance. Jeeves Holiday Homes will also act as Attorney In Fact in the Registration of Resort Dwelling and Occupational Licenses and for materials for repair alteration decoration replacements or any accounts relating to the premises. For properties located within the Reunion resort, and or any other community operated by a HOA, to perform all matters regarding the guest membership services on behalf of the owner. Giving and granting the said Attorney In Fact, full power and authority to do and perform all and every account and thing whatsoever required and necessary to be done in and about the premises as fully, and to all intents and purposes, as the above named owner might or could do if personally present, with full power of substitution and revocation.

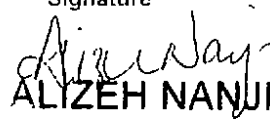
Also, to act as my agent to rent, lease, let or grant license to others to use my described property(properties) or time share period (periods), and to charge, collect, and remit sales tax levied under chapter 212 Florida Statutes (F.S.) to the department of revenue. I acknowledge that, by renting, leasing, letting, or offering a license to others to use any transient accommodation, as defined in rule 12A-1.061, Florida administrative code (F.A.C.), I am exercising a taxable privilege under chapter 212 F.S., and as such acknowledge that I am ultimately liable for any sales tax due the state of Florida on such rentals, leases, lets, or licenses to use. I fully understand that should the state be unable to collect any taxes, penalties, and interest due from the rental, lease, let, or license to use my property; a warrant for such uncollected amount will be issued and becomes a lien against my property until satisfied.

ARKINA HOLDINGS LLC  
Owner



Witness  
David Heaney

FOR AMITY LTD  
Signature

  
ALIZEH NANJI

Signature

  
DAVID ASHTON  
DIRECTOR

Sworn to and subscribed before as

this

7th

day of

December

2017

Notary Public  
Commission Expires:

Jan 05, 2020

