

h22 000070749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

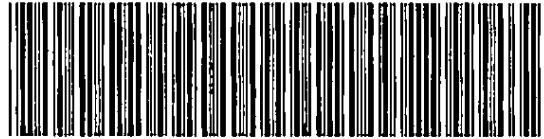
(Document Number)

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Member Signature

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FILED  
2022 MAY 27 AM 6:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUN - 8 2022

TO: Registration Section  
Division of Corporations

SUBJECT: Arborer ARTS 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:

Arthur T Kristoferson III  
Name of Person

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

6061 island DR  
Address

Spring hill FL 34607  
City/State and Zip Code

artksentinel@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur T Kristoferson III at (352) 606 9868  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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 ORGANIZATION  
TO  
ARTICLES OF ORGANIZATION  
OF

Arborer Arts LLC

FILED

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

2022 MAY 27 AM 6:13

The Articles of Organization for this Limited Liability Company were filed on 27 assigned

Florida document number L22000070149

SECRETARY OF STATE  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

Arbor Arts LLC

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:

(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 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:

New Registered Office Address:

Enter Florida street address

Florida

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

or removed from our records:

MGIC = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 5/22/22 \_\_\_\_\_

[Signature]
Signature of a member or authorized representative of a member

Arthur T Kristoferson
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY 27 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FL

May 16, 2022

ARTHUR T KRISTOFERSON III  
6061 ISLAND DR  
SPRING HILL, FL 34607

SUBJECT: ARBORER ART'S LLC  
Ref. Number: L22000070749

We have received your document for ARBORER ART'S 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):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 322A00011122