L23000465915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

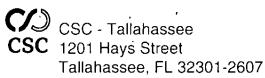




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2023 OCT 31 PHIZ: 07





850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/31/23 Order #: 1304386-1

Re: 17553 SE CONCH BAR HOLDINGS LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195 +

Authorization:

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

FILED

		AR HOLDINGS LLC	2023 NCT 21 PM	
(<u>Name of the Limiter</u> (A	<u>l Liability Compa</u> A Florida Limited	iny as it now appears of Liability Company)	n our records.) PM 12: 07	
The Articles of Organization for this Limited Lia Florida document number L23000465915			7.550 a. 200 a. 3	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		505 NW Windflower Terrace		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		Jensen Beach, FL 3	he designation "LLC" or the abbreviation "L.L.C." Indeflower Terrace Indeflower Terrace Indeflower Terrace	
		505 NW Windflower Terrace		
(Mailing address MAY BE A POST OFFICE B	tew maning address, it applicable.		4957	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office a here: Stuart Piltch	address on our reco	rds, enter the name of the new registered	
New Registered Office Address:	505 NW Windflower Terrace			
	Jensen Beach	Emer i fortair		
	Jensen Beach	City		
New Registered Agent's Signature, if changing Re	gistered Agent:	on,	ыр соце	

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

H 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>	Name	Address	Type of Action
MGR	Lisa Piltch	17553 SE Conch Bar Avenue	□ Add
		Jupiter FL 33469	_
			□ Change
AMBR	Lisa Piltch	17553 SE Conch Bar Avenue	
		Jupiter FL 33469	
			□ Change
			□Add
			Reinove
			☐ Change
			□Remove
			☐Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change

• S	Stuart Piltch is the	sole member. His	address is 505 NV	W Windflower To	errace, Jensen Be	ach, FL 34957.	
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ote:	If the date inserted	in this block does	not meet the appl	icable statutory f	iling requirement	s, this date will	not be listed a
ocume	ent's effective date	on the Departmen	it of State's record	S.			
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record is file		ed effective date, bu	it not an effective	time, at 12:01 a.:	m, on the earlier	of: (b) The 90	th day after the
ated _	October 30		2023				
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	<u> </u>	Signature	of a member or aut	horized representa	tive of a member		