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SECRETARY OF STATE ALLAHASSEE, FLORIDA 14:11 HB 62 184 80

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Arrigo Ceron & Archer Toyestments 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:
Heather M. Archer (Name of Person) Arrigo, Ceron & Archer Investments LLC
(Firm/Company)
2741 213 Ot. (Address)
Address) SaraSota, 7L. 34234 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Heather Archer at (941) 526-6068 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

Arrigo Ceron + Archer Inv (Name of the Limited Liability Comp	Jestments LLC pany as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on $3/3/2003$ and assigned
Florida document number <u>L6366611544</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2741 218 5t. 34234 3 元
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2741 21st 5t. 69 = 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	her M. Archer
New Registered Office Address: 2741	(Enter Florida street address)
Sora	50ta , Florida 34234 (City) (Zin Code)
New Registered Agent's Signature, if changing Registered Age	nt:

Page 1 of 2

(If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			OR HAY 29 HA 11: LIGHT OF STATE OF STAT
			Addr S
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)
 ۳۷. ــ)a 27 20		·····
Dated $\frac{\gamma}{\gamma}$	Signature of a member	er or authorized representative of a member	
	Heather M. A	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00