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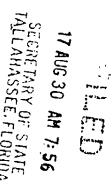
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(Document Number)
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:A	rchbold Proper-	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	lO.lliam	K. Brantley I	
		Firm/Company	
	417 E.	Interlake Bl	vd.
	_	City/State and Zip Code  Brantley. <b>Dro</b> to be used for future annual report	
For further information	n concerning this matter, please ca		
Claudia	e of Person	at ( <u>863</u> ) <u>46</u> Area Code Da	5-0881 ytime Telephone Number
Enclosed is a check for	r 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Archbol	d Proper	tv. LLC		
( <u>Name of the Limited</u> (/	l <mark>Liability Company</mark> V Florida Limited Lia	y as it now appears on or ability Company)	<u>ır records.</u> )	
The Articles of Organization for this Limited Lia Florida document number <u>L0500027</u>		vere filed on <u>M(tv()</u>	h <u>ai, aoo</u> s	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the North Name of the N	11.0		ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical		NA.		
(Principal office address MUST BE A STREET	ADDRESS)	•		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	_ A   A		
B. If amending the registered agent and/o registered agent and/or the new registered offi			records, enter3	he name of the new
Name of New Registered Agent:	N A		ASS	6 3 3 7
New Registered Office Address:		Enter Florida stre	et address	3 1
			Florida	7:56
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being added
or removed from our records:	

<u>Title</u>	Name	Address	Type of Action
	NA		
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			☐ Change
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			Remove
			Change
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Filing Fee: \$25.00