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02/04/13--01027--009 **30.00



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: ARROW CONSTRUCT SANY, HAC Liability Compan.

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

Please return all correspondence concerning this matter to the following:

LARRY CAROLey Name of Person ARROW Construction Company, LLC tope Schoo MARIANNA <u>Appley Apply Oythow, Com</u> E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

at (<u>850</u>) <u>896</u> <u>409</u> Area Code Daytime Telephone Number

osed 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/COURIER ADDRESS:

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

ARTICLES OF A	MENDMENT
ARTICLES OF OR OF	GANIZATION (19)
ARROW CONStruction (Name of the Limited Liability Company (A Florida Limited Liab	AGANIZATION
The Articles of Organization for this Limited Liability Company w Florida document number $\angle 05000$ /// 628 .	ere filed on <u>////8/2005</u> and assigned ^{**}
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	ty 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:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS	
nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered offic istered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

an 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
<u>MG-R</u>	BRANDON BYMPS	PO Box 19182 PCB, F/ 32	417 0 Add
			Remove
			Change
MGR	Tylor BLANK		Add
		REMOVE	Kemove
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			Remove
			Change

v.	If amending any other information,	enter change(s) here:	: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: $\frac{2-31-19}{(optional)}$ (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) <u>Note:</u> 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.

e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.

<u>Language</u> Signature of member or authorized representative of a member sted /- 31-19 LARRY CARALEY Typed or printed name of signee

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Filing Fee: \$25.00