

L06000081172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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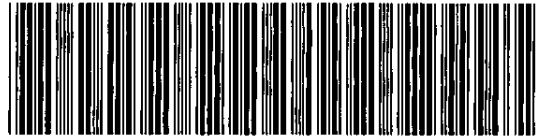
(Business Entity Name)

(Document Number)

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2008 NOV 14 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 17 2008  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARCH, 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:

CAMILO ALDAMA

(Name of Person)

PRESTIGE BUILDERS GROUP

(Firm/Company)

15450 NEW BARN ROAD, SUITE 104

(Address)

MIAMI LAKES, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

CAMILO ALDAMA

(Name of Person)

at ( 305 ) 827-5665

(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/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2008 NOV 14 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARCH, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/16/2006 and assigned  
Florida document number L06000081172.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15476 NW 77TH COURT

**(Principal office address MUST BE A STREET ADDRESS)**

# 439

MIAMI LAKES, FL 33016

Enter new mailing address, if applicable:

15476 NW 77TH COURT

**(Mailing address MAY BE A POST OFFICE BOX)**

# 439

MIAMI LAKES, FL 33016

**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:

15476 NW 77TH COURT #439

*(Enter Florida street address)*

MIAMI LAKES

*(City)*

, Florida 33016

*(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 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 Changing Registered Agent, Signature of New Registered Agent)

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEXANDER RUIZ	15450 NEW BARN ROAD	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33014	<input type="checkbox"/>
MGRM	ALEXANDER RUIZ	15476 NW 77TH COURT	<input checked="" type="checkbox"/> Add
		#439	<input type="checkbox"/> Remove
		MIAMI LAKES, FL 33016	<input type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated November 11, 2008

Signature of a member or authorized representative of a member

Alexander Ruiz

Typed or printed name of signee

STATE  
TALLAHASSEE, FLORIDA

2008 NOV 14 AM 11:25

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