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SECRETARY OF STATE

FILED

D. BRUCE

SEP 15 2008

EXAMINER

EFFECTIVE DATE 9/12/08

COVER LETTER

		•			
TO: Registration Section Division of Corporation	ens				
SUBJECT: AR	(Name of Lim	hand, LLC ited Liability Company)			
The enclosed Articles of Amend	ment and fee(s) are sub	omitted for filing.			
Please return all correspondence	concerning this matter	to the following:			
	Dario	Littera (Name of Person)			
	ARC	Treyhand, LL (Firm/Company)	<u>C</u>	200 SE TAL	
		(Address) (Address)		2000 SEP 12 SECRETARY ALLAHASSE	*****
	Surfsio	Je FL, 33154 (City/State and Zip Code)		SEP 12 PM 1:02 RETARY OF STATE AHASSEE.FLORIDA	
For further information concerni	ng this matter, please c	all:		PS NDA	
Kathryn A. U (Name of Person	Tohnson	at (<u>352</u>) <u>219 - 5</u> (Area Code & Daytime Tel	7 65 lephone Number)	<u>-</u>	
Enclosed is a check for the follow	wing amount:				
	0.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee Certificate of S Certified Copy (additional copy	status &	

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

Damar Internation	al, LLC			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L070007/394</u> .	were filed on 0.7	$10 \int 3007$ and assigned		
Tiorida document maniosi				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
ARC Treyhand, LLC The new name must be distinguishable and end with the words "Lim				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,	'the designation "LLC" or the abbreviation		
Enter new mainstral offices address if analisables		20 TAL		
Enter new principal offices address, if applicable:	-	AR S		
(Principal office address MUST BE A STREET ADDRESS)		AZ P		
		SSE 12		
Enter your mailing address if anyticables		PA T		
Enter new mailing address, if applicable:		03 - 0		
(Mailing address MAY BE A POST OFFICE BOX)		RATE O		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter	(Enter Florida street address)		
		, Florida (Zip Code)		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	olete performance of t provided for in Chap	ny duties, and I am familiar with and ter 608, F.S. Or, if this document is		

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

Page 1 of 2

EFFECTIVE DATE 9/12/08

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 = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Kathrya A. Johnson	410 Main Trail Ormand Beach, FL 32174	Add Remove
MGRM	Mariela Gonzalez	9201 Collins Avenue #424 Surfside, FL 33154	Add Remove
	 		Add Remove
	***		Add Remove
			Add Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessary of mber 12,2008 or upor	
	Keceipt of Article.	s of Amendment.	
Dated	September 10 , 200	28	2008 SEP SECRETA ALLAHAS
	Signature of a membe	r or authorized representative of a member	IZ PH 1:
	Kathryn A Typed	To ho soo I or printed name of signee	D 1: 02 TATE ORIGA

Page 2 of 2

Filing Fee: \$25.00