

LO8000009212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

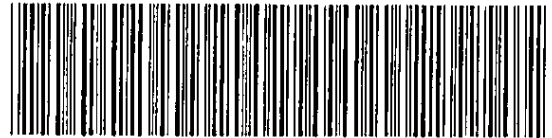
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/08/20--01001--011 **50.00

09/08/20--01001--010 **115.00

20 SEP - 4 PM 11:26
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DEPT OF REVENUE

20 SEP - 4 PM 11:49
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CLERK OF STATE
DEPT OF REVENUE

Amend

SEP 8 2020

D CUSHING

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

85

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 09/04/2020

XX CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

XX FILING AMENDMENT

1. ARLEN HOUSE EAST 1116 LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
20 SEP - 4 11:13

RECEIVED
CLERK OF STATE
20 SEP - 4 11:11:23

**SPECIAL
INSTRUCTIONS:**

ARLEN HOUSE EAST 1116 LLC

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLE PACK	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAUREN ABOODY	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMUEL LEVY	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

All actions taken on behalf of the LLC will require the majority vote of the Managers.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: _____ (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)

Note: 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.

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

Dated SEPTEMBER 4 2020

He/At

Signature of a member or authorized representative of a member

VITO PIACENTE, AUTHORIZED PERSON

Typed or printed name of signee