108000093126

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
108 — 93120 (Document Number)				
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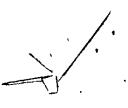
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S. HAWKES

4 2008

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2008

ROB O'FARRELL 3528 TREASURE CIRCLE PANAMA CITY BEACH, FL 32408

SUBJECT: ARROWHEAD 5303, LLC

Ref. Number: L08000093126

We have received your document for ARROWHEAD 5303, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 408A00054151

COVER LETTER

Uhlud 5303 (Name of Limi	B L C (ted Liability Company)	 .
nendment and fee(s) are sub-	mitted for filing.	
lence concerning this matter	to the following:	
Rob O'Farrell		
	(Name of Person)	
Arrowhead 5303, LLC		_
	(Firm/Company)	
3528 Treasure Circle		
	(Address)	
Panama City Beach, FL 3	32408	
	(City/State and Zip Code)	
cerning this matter, please ca	all:	
	at (<u>850</u>) 271-1596	
Person)	(Area Code & Daytime To	elephone Number)
following amount:		
□\$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)
	nendment and fee(s) are substance concerning this matter Rob O'Farrell Arrowhead 5303, LLC 3528 Treasure Circle Panama City Beach, FL 3 Icerning this matter, please can be concerning this matter.	(Name of Limited Liability Company) mendment and fee(s) are submitted for filing. lence concerning this matter to the following: Rob O'Farrell (Name of Person) Arrowhead 5303, LLC (Firm/Company) 3528 Treasure Circle (Address) Panama City Beach, FL 32408 (City/State and Zip Code) cerning this matter, please call: at (850) 271-1596 Person) following amount: \$\Person(1) \text{\$\text{3}\text{3}\text{0}

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

Arrowhead 5303, 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 October 1, 2008	and assigned.
Florida document number L08000093126	·	1 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Arrowhead Rentals 5303, LLC		STATE OF
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:		or Civole

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 agent as I hereby confirm that the limited liability company has been notified in writing of this change.

of Changing Registered Agent, Signature of New Registered Agent)

Jun 3

MGR = Manager

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	•	•	Add
			
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	3
			Add Remove
			2
			2 A dd 7
			Remove
*			Add
			Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry.)
-			
			·
_			
Dated			
Dated		noel of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00