

L10000037527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

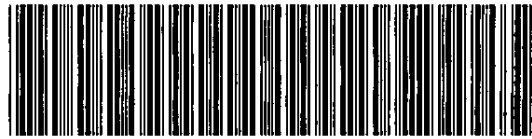
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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 MAY 16 PM 5:07

JUL 11 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2016

SUNSHINE RAHR  
INTEGRITY TAX ACCOUNTING SERVICES INC  
PO BOX 2181  
PONTE VEDRA BEACH, FL 32004

SUBJECT: ARCHIPELAGO IMMOBILIEN, LLC  
Ref. Number: L10000037527

We have received your document for ARCHIPELAGO IMMOBILIEN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 716A00010420

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TALLAHASSEE, FLORIDA  
16 MAY 16 PM 5:07

COVER LETTER

TO: Registration Section  
Division of Corporations

2016 JUL 11 PM 4:30

SUBJECT: L10000037527  
Name of Limited Liability Company

SECRET  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Sunshine Rahr  
Name of Person

Integrity Tax Accounting  
Firm/Company

PO Box 2181  
Address

Ponte Vedra Beach FL 32004  
City/State and Zip Code

Sunshine@Integritytaxact.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sunshine Rahr at 904 874-1874  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA  
16 MAY 16 PM 5:08

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Archipelago Immobilien 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 04/07/10 and assigned Florida document number L10000037527

This amendment is submitted to amend the following:

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

n/a

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)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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16 MAY 16 PM 5:08

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:

Brent Starzacher

New Registered Office Address:

1140 20th Street North

Enter Florida street address

Jacksonville Beach, Florida 32250

City

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 605, 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.*

Brent Starzacher

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>
VP	Brent Starzacher	1140 20th St N	<input checked="" type="checkbox"/> Add
		Jacksonville Beach	<input type="checkbox"/> Remove
		Florida 32250	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

n/a

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TALLAHASSEE, FLORIDA  
16 MAY 16 PM 5:08

E. 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 5/11/16, \_\_\_\_\_.

Helmut Starzacher  
Signature of a member or authorized representative of a member

Helmut Starzacher  
Typed or printed name of signee