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(Ad	dress)	
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T. BROWN

COVER LETTER

TO: Registration Sec Division of Corp	tion Grations		
*	Λ 1) $('$, .	
SUBJECT:		ARK Construct	ion, LLC
	Name of Limi	ited Liability Company	
		•	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Av	Name of Person	
		Firm/Company	
	2701	NE Cachman A	Rd, Suite 201
	Clearw	atev FL 337 City/State and Zip Code	<u>65</u>
	ADAYK ODAY E-mail address: (1	IC nvoner ty group. Co	cation)
For further information co	ncerning this matter, please ca	ull:	
Andrew	PARK	at (727) 424 – Area Code Daytime	2639
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

	/ U	TAREST ARSTARDIA E		
	TO		5, 1	
ARTICLES	OF OF	RGANIZATION	File My X	
• • • • • • • • • • • • • • • • • • • •	OF			
		as it now appears on our records.) bility Company)	21 Control of the con	
The Articles of Organization for this Limited Liability Co	mnany w	ere filed on 4/210/2011	and assigned	
Florida document number <u>L10000 4439</u>	!!!paily ***	0.0 mod 011	and assigned	
riorida document number 1770000 1731	ŀ			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liabilií	ty company here:		
TARK Construction LL The new name must be distinguishable and end with the words "Limi	ted Liabilit	v Company "the designation "I I C" o	or the abbreviation "L.L.C."	
The new manie must be distinguishable and end with the words. Empl				
Enter new principal offices address, if applicable:		2201 NE Co Clearwater, FL	achman Rd	
(Principal office address MUST BE A STREET ADDRE	<u>:SS)</u>	Clearwater, FL	. 33765_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -	SAME 1	As ABOUE	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ce address on our records, e	nter the name of the new	
Name of New Registered Agent: New Registered Office Address:			same but new address, Rd	J
		NE Cachman Enter Florida street address		
	?karu	<u>Vatev</u> , Floric	la 33765 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Authorized M	he Managers or Authorized Member on <u>ember being added or removed from o</u>	our records, enter the title, name, and address ur records:	
MGR = Mar AMBR = Aut	nager horized Membet	Same for Andrew For Forest E	PARK and
<u>Title</u>	Name	Address + Towest E	Type of Action
AMBR	Matthew N White	2201 NE Coachman Rd	_Add
		Cleanvater, FL 33765	☐ Remove
			_
			□ Add
			Remove
			□ Add
			_ Remove
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ctive date	, if other than th must be specific, car ment is filed by the I	e date of filing: not be prior to date of receipt or filed date and cannot be more the florida Department of State)	(optional) an 90 days after
late this doc	, if other than the must be specific, car ament is filed by the I	e date of filing: mot be prior to date of receipt or filed date and cannot be more the Florida Department of State) April , 2015	(optional) an 90 days after
date this doc	iment is filed by the I	Florida Department of State)	an 90 days after

Page 3 of 3

Filing Fee: \$25.00