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S. WARREN JAN 3 0 2018

COVER LETTER

TO:	Registration Se Division of Co		•		
euni		IAHOPAC. LLC			
SUBJ	E.C.1:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
- Please	return all correspo	ondence concerning this matter	to the following:		
		SCOTT A FRANK, ESQ.			
			Name of Person		
		LAW OFFICES OF SCOT	T A FRANK, PA		
			Firm/Company		
5301 N FEDERAL HIGHWAY, SUITE 170					
			Address		
		BOCA RATON, FL 33487	7		
			City/State and Zip Code		
	SFRANK@SAFLAW.COM E-mail address: (to be used for future annual report notification)				
For fu	rther information of	concerning this matter, please co		Cation)	
SCOT	T A FRANK		561 826-5400 at ()		
	Name o	nf Person		Telephone Number	
Enclo:	sed is a check for t	he following amount:			
□ \$2	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 OF

TARCO MAHOPAC, LLC			
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appear Liability Company)	s on our records.)
he Articles of Organization for this Limited Lia	ability Company	were filed on 11/	03/2010 and assigned
lorida document number L10000114546	·		
nis amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :
ARCO ALLSTON, ELC			
e new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	3201 W COMM	ERCIAL BOULEVARD
rincipal office address MUST BE A STREET ADDRESS)		SUITE 218	
	SUITE 218 FORT LAUDERDALE, FL 33309		
nter new mailing address, if applicable:		3201 W COMM	ERCIAL BOULEVARD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUITE 218		
		FORT LAUDER	RALE, FL 33309
If amending the registered agent and/ogistered agent and/or the new registered off Name of New Registered Agent:	ice address her	<u>e</u> :	
New Registered Office Address:	3201 W COMN		VARD, SUITE 218 ida street address
	FORT LAUDE		Florida 33309
		City	Zıp 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

<u>8</u>

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>	Name	Address	Type of Action
			
			Remove
			Change
			Remove
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tive date, if other than the	e date of filing:st be specific and cannot be prior to		(optional))	
If the date inserted in this bl	lock does not meet the applicat	o date of filing or more the ole statutory filing requ	in 90 days after tiling ifrements, this date	:) Puistant t : will not b	e liste
ment's effective date on the D	epartment of State's records.				
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e 90th day after the rec	cord is filed.	<u>-</u> .	nember		

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Filing Fee: \$25.00