

L11000036966

(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:

*Amend*

Office Use Only



900269224939

02/06/15--01022--010 \*\*25.00

FILED  
15 JAN -6 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 13 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arlington Asset Holdings, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Erin Peters

Name of Person

The Klotz Group of Companies

Firm/Company

645 Mayport Road, Ste. 5

Address

Atlantic Beach, FL 32233

City/State and Zip Code

epeters@theklotzcompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Peters

904- 247-5334 ext309  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Arlington Asset Holdings, 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 03/28/2011 and assigned Florida document number L11000036966.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
15 JAN - 6 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Jeff Klotz

New Registered Office Address:

645 Mayport Road Ste. 5

Enter Florida street address

Atlantic Beach

City

Florida 32233

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.*

Jeff Klotz  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = 'Manager**  
**AMBR = Authorized Member**

MGR KABR Real Estate 100 Challenger Rd. #401 ☒ Add  
Investment Partners II,  
LLC Ridgefield Park, NJ. 07660 ☐ Remove

NAME Jeff Klotz 645 Mayport Rd. Ste 5 ☐ Add  
Atlantic Beach, FL 32233 ☒ Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 6 PM 4:08

Remove

FILED

☐ Remove☐ Add

 Remove

☐ Add☐ Remove

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

---

---

---

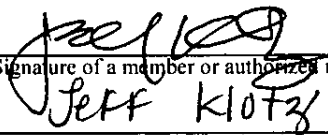
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Feb 4, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jeff Klotz  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
15 JAN -6 PM 4: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA