## 111000060305

(Requestor's Name)	
(Address)	50030383
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/24/1701037
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:		istration Sec sion of Corp					
CUD IE	ст.	ALLAR GR	OUP LLC				
SUBJE	CI;		Name of Limi	ited Liability Company			
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for tiling.			
Please re	eturn	all correspon	idence concerning this matter	to the following:			
			CHARLES A. WAITS				
				Name of Person		-	
			ALLAR GROUP LLC				
				Firm/Company		-	
			511 MLK DRIVE				
				Address		-	
			WYNNE, ARKANSAS 7.	2396			
				City/State and Zip Code		-	
			SEEWAITS@OUTL00K.C		;; 	223 ==1	proj
For furt	her in	nformation co	n-mail address: (i incerning this matter, please ca	to be used for future annual report notificationall:	a de la companya de La companya de la co		1 } 
CHARI	LES A	A WAITS		941 243-1699 at ( )	; ; ;	22 U	
		Name of	Person	Area Code Daytime Telep	ohone Numbe		المسد.
Enclose	d is a	check for the	e following amount:				
□ \$25	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status &	

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

ALLAR GROUP LLC			
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u> )	
The Articles of Organization for this Limited Liability  Florida document number L11000060305	Company were filed on 05/16/2011		and assigned
	<del></del> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		- 3	KD
		ľ	
B. If amending the registered agent and/or reg		s, <u>enter t</u> l	ne name of the
egistered agent and/or the new registered office ad	ldress here:		2 1
		t *	
Name of New Registered Agent:	_		- <del> </del>
New Registered Office Address:			()
	Enter Florida street addres	Y.S	
	. FI	orida	
	Cin	· · · · —	Zin 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

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>	Address	Type of Action
AMBR	BRENDA L. WAITS	1136 NE PINE ISLAND RD # 79	
		CAPE CORAL FLORIDA 33909	■ Remove
			Change
			□ Add
			□ Remove
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an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior to	date of filing or more than	<b>(optional)</b> 90 days after filing.) Purements, this date will	rsuant to 605.02
ocument's effective date on the D			(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)	
e record specifies a delaye	d affective date, but not :	an effective time	და at 12:01 a.m. on	the earlier
The 90th day after the rec	ord is filed.	ar cricelive ame, e	A 12.01 d.m. on	the currier
October 19,	2017			
$\sim_{l}$	- C. N			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00