# L11000080477

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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	ARDEN X L	LC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	6 W
Please return all correspo	ndence concerning this matter	to the following:	
	Dunn	Ne H Pickel UP	5 <b>f. Q</b>
	<u>AROE</u>	WX LLC Firm/Company	
	3726	LAKEVIEW OR Address	
	TAHAHA AUAM E-mail address: (t	PSSEC FL 323.  City/State and Zip Code  PICKA COMCAS  o be used for future annual report notificati	st. Net
For further information c	oncerning this matter, please ca	all:	
DUAN Name o	le PICKEL VP f Person	at ( <u>880)</u> 392 492 Area Code & Daytime Te	66 all n 8508785086 hw Elephone Number
Enclosed is a check for the	he 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:

TO:

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

APPONIX 110	۵	章 · · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	- L
The Articles of Organization for this Limited Liability Company Florida document number 4/000080477	- 1	and assigned 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	"LLC" or the abbreviation
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	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:	1/0	
New Registered Office Address:	1/17	
	Enter Florida street ac	idress
	, Florida	
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address** Type of Action Name DUANE H PICKEL 3726 LAKEVIEW DR Add TALLAHASSEE FL 32310 [ DENNIS H. ARDEN 11300 S. 4160 RD X Add CLAREMORE, OK 74017 Remove Remove Remove Add Remove Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	July 28 2013 . 1
	Nuesotte chal
	Signature of a member or authorized representative of a member
	DUANE H PICKEL
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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