

L11000080477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

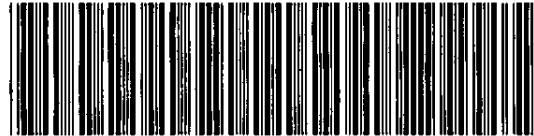
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TALLAHASSEE, FLORIDA

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DEC 31 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARDENX 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:

DUANE PICKEL
Name of Person

AGENT
Firm/Company

3726 LAKEVIEW DRIVE
Address

TALLAHASSEE FL 32310
City/State and Zip Code

duanepickel@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUANE PICKEL at (850) 878 5086
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
OF

FILED

2011 DEC 22 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARDEN X 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 07/12/2011 and assigned
Florida document number L11000080477.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

AGENT

(Mailing address MAY BE A POST OFFICE BOX)

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:

DUANE PICKEL

New Registered Office Address:

3726 LAKEVIEW DR

Enter Florida street address

TALLAHASSEE

City

, Florida

32310

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.

DUANE PICKEL
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO-PRES	BAIRD H. LOBBEE	2811 SW 3 rd Ave	<input type="checkbox"/> Add
		MIAMI FL 33129	<input checked="" type="checkbox"/> Remove
VP	DUANE PICKEL	3726 LAKEVIEW DR	<input type="checkbox"/> Add
		TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> Remove
CEO-PRES	DENNIS ARDEN	11300 S 4160 RD	<input checked="" type="checkbox"/> Add
		CLAREMORE OK 74017	<input type="checkbox"/> Remove
INV	DENNIS ARDEN	1130 S 4160 RD	<input checked="" type="checkbox"/> Add
		CLAREMORE OK 74017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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 12/19/2014



Signature of a member or authorized representative of a member

DUANE PICKEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA