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(Requestor's Name)
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PICK-UP WAIT MAIL
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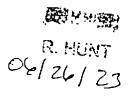




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AND THE SECOND



COVER LETTER

Division of C	Corporations		
SUBJECT:	ARRA CON S	SULTING	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	RICHARD	ARRA Name of Person	
	ARRA CO	Firm/Company	
	2416 2	Address	3477 FATE
	JUPITE	7 FZ 3. City/State and Zip Code	3477 FAE 9
	DicKARRA E-mail address: (t	o be used for future annual report no	tification)
For further information	n concerning this matter, please ca	ll:	
Richt Nan	142D AZZA ne of Person	at (173) 2 Area Code Daytin	78 - 33/5 ne Telephone Number
Enclosed is a check for	Cor the following amount:		
\$25.00 Filing Fee	e ☐ \$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 Add Registration Division o		Street Address: Registration So Division of Co	
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P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on <u>"2451 201/</u> and as	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	-	
The new name must be distinguishable and contain the vords "Limited Liability	y Company," the designation "LLC" or the abbreviation "I	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: (Mailing address MAY BE A POST OFFICE BOX)	N/A SEE FILE	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the ne</u>	<u>:w reg</u> ister
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature if changing Registered Agent:		

New Registered Agent's Signature, it 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is liste	ier than the date (ed, the date must be spe	ceific and cannot be	prior to date of filir	ng or more than 90 da	(optional) ys after filing.) F	ursuant t	o 60 5 .0
ote: If the date inse	rted in this block do	es not meet the ap	plicable statutor				
ocument's effective	date on the Departm	ient of State's reco	oras.				
	layed effective date,	but not an effecti	ve time, at 12:01	a.m. on the earlier	r of: (b) The	90th day	after t
is filed.							
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Filing Fee: \$25.00