# L1100012706

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2014

Registration Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314

> Re: Rhodesbilt Arcade, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization of Rhodesbilt Arcade, LLC. Also enclosed please find check # 1777 in the amount of \$25.00.

Thurst

If you should have any questions, please do not hesitate to call.

Sincerely yours,

Melissa Shields

Florida Registered Paralegal

/sl/ms

**Enclosures** 

# **COVER LETTER**

Division of Corpo	
RHODESE SUBJECT:	BILT ARCADE, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	JAMES M. WEAVER, ESQ.
	Name of Person
	JAMES M. WEAVER, PA
	Firm/Company
	240 E PARK AVENUE
	Address
	LAKE WALES, FL 33853
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information cor	acerning this matter, please call:
For further information cor	certing this matter, please cart.
JAMES M. WEAVER	at ()
Name of I	Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

# RHODESBILT ARCADE, 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 OCTOBER 28, 2011 and assigned Florida document number L11000123060
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)
(Matting titule 23 MATTILE A POST OF FICE 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:
New Registered Office Address:
Enter Florida street address  Florida
City Zip Cale
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

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 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>	Address	Type of Action
AMBR	CARL M. COPPOLA III	7536 BLACK ROAD	<b>=</b> Add
		LAKE WALES, FL 33898-9040	Remove
			<del>_</del>
			Add
			□ Remove
			🗖 Add
		<u>:</u>	□ Remove
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			ORA 3 move
			Remove

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Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
the date this document is filed by the Florida Department of State)  NOVEMBER 24 2014	(optional) than 90 days after
Dated NOVEMBER 24 , 2014	
the date this document is filed by the Florida Department of State)  Dated NOVEMBER 24 , 2014	

Page 3 of 3

Filing Fee: \$25.00

SECREMRY OF STATE