# 112000034085

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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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### COVER LETTER

TO:	Registration Se Division of Cor			
	7.07		AL ESTATE LLC	
SUBJ	ECT:		ted Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		NICOLE J. HUESMANN,	ESQUIRE	
			Name of Person	
		NICOLE J. HUESMANN,	P.A.	
			Firm/Company	
		150 ALHAMBRA CIRCLE	E, SUITE 1200	
			Address	
		CORAL GABLES, FL 331	34	
			City/State and Zip Code	
		NJHUESMANN@NJHLAV		
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	11:	
NICO	LE J. HUESMAN	N	305 858-0220 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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

## TO ARTICLES OF ORGANIZATION OF

	ARCO REAL ESTATE LLC	
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L12000034085	ility Company were filed on MARCH 9, 2012	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<u></u>	<del> </del>
Enter new mailing address, if applicable:	*	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	G G
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B. If amending the registered agent and/or	registered office address on our records, enter	် တာ
registered agent and/or the new registered office		militi
		F: 09
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
Non-Portagnal Asserta Cineston (Cohorda Dest	City	Zip Code
New Registered Agent's Signature, if changing Regi		
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agre and complete performance of my duties, and I am fai red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limi ange.	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

0	<u>r removed from o</u>	ur records:					

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADOLF RENK	16799 CABREO DR.	■ Add
		NAPLES, FL 34110	□ Remove
			☐ Change
			CI Remove
			☐ Change
			Remove NO Change
			NOV Change  SSEE B Add  Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

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lote: If the date inserted in this bloc ocument's effective date on the Dep	be specific and cannot be prior to date of filing or more that it does not meet the applicable statutory filing requirement of State's records.  effective date, but not an effective time,	irements, this date will not be listed as
·		
ated	2015	
<del></del>		
8	ignature of a member or authorized representative of a m	icmper
	ANDREAS RENK	
	Typed or printed name of signee	

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Filing Fee: \$25.00