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SECRETARY OF STATE A

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COVER LETTER

TO: Registration Se Division of Cor					
ARGO US, SUBJECT:	LLC				
SOBJECT	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jennifer A. Cachon				
		Name of Person			
	Conroy, Conroy & Durant	, P.A.			
		Firm/Company			
	2210 Vanderbilt Beach Ro	oad, Suite 1201			
		Address			
	Naples, FL 34109				
		City/State and Zip Code	·		
	jcachon@naplespropertylav			uf	
	E-mail address: (to be used for future annual report notifi	cation)	2018 2018 2018	
For further information co	oncerning this matter, please ca	all:		CRE	$\neg \eta$
Jennifer A. Cachon		239 649-5200 at ()		2015 NOV 30 SECRETARY ALLAHASSE	
Name of		Area Code Daytime	Telephone Number		
Enclosed is a check for th	<u> </u>	-		AL-	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

ARGO US, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 08/12/2013	and assigned
Florida document number L13000114041	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		AR 5 L
(Mailing address MAY BE A POST OFFICE BOX)		Sign W
		Fig. 11
B. If amending the registered agent and/or registered agent		
registered agent and/or the new registered office ad-	uress nere:	» -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Scott Bland	21141 Bella Terra Blvd	∃ Add
		Estero, FL 33928	☐ Remove
			□ Change
			□ Remove
			Change
			□ Remove
			□ Change
			SECRETARY OF S
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			□ Remove
			Change
			Remove
			☐ Change

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				至20日
				2015 NOV 30
				-
	11/10/2015			F 10 3
fective date, if other than the da n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	e specific and cannot be prior does not meet the applications.	to date of filing or more that thle statutory filing requ	(optional) n 90 days after filing.) irements, this date v	Pursuameto 60\$\frac{1}{2}020
record specifies a delayed e The 90th day after the record		t an effective time,	at 12:01 a.m. c	on the earlier
ted November 19	2015			
	mil	•		
Sh	nature of a member or autho	rized representative of a m	ember	

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Filing Fee: \$25.00