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SECRETARY OF STATE



COVER LETTER

	egistration Section , we ivision of Corporations
SUBJECT	Arcola Lakes Estates, LLC Name of Limited Liability Company
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
	Phillip B. Rarick Name of Person
	Ranck & Beskin, P.A.
	10500 Cow Pen Rd., Suite 204
	MI ami Lakes / FL 33014 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Phi	Name of Person at (305) 556 5209 Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$25.00	Filing Fee Scrifficate of Status Stat

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

<u>Arcola L</u>	akes E	States	LLC		_
(<u>Name of the Limited Liabili</u> (A Florid	lity Company as it ia Limited Liability	now appears Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L13 D00 160345</u>	Company were	filed on	11/15/13	and a	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability co	ompany hei	<u>'e</u> :		
The new name must be distinguishable and contain the words "Lim	mited Liability Con	npany," the de	signation "LLC" or	the abbreviation	"L L.C."
Enter new principal offices address, if applicable:			 	TASE TO	n .
(Principal office address MUST BE A STREET ADDI	RESS)			LAC:	= "[]
r new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) Tree mailing address, if applicable: Image: Address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here:					
		ddress on	our records, <u>e</u>	nter the nam	ne of the nev
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida street address			
			, Florid		,
	mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: man must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: page address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code				
New Registered Agent's Signature, if changing Registere	ed Agent:				

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthórized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Edwin Lyons	3720 NW 170 ST	
٠		Miami Gardens, FL 3305	5_DRemove
			Change
MGR	Shanda L Shingles	3720 NW 170 ST	D_Add
	J	3720 NW 170 ST Miami Gardens, FL 3305	S_□ Remove
			Change
			🗖 Add
			Remove
		****	Change
			SECULIAR YOF A ACTION A
			PET, FLORIDA Remove
			Change
			Add
			Remove
			Change

ated June 9th, 2015			
Efective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.			
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Filing Fee: \$25.00