L14000022641

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 30.00 ORDER DATE: March 31, 2014 ORDER TIME : 3:28 PM ORDER NO. : 077159-005 CUSTOMER NO: 10910A DOMESTIC AMENDMENT FILING NAME: 3946 NMA, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY PLAIN STAMPED COPY XX ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight -- EXT# 52956



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2014

CSC

ATTN: SUSIE KNIGHT

SUBJECT: 3946 NMA, LLC Ref. Number: L14000022641

RESUBMIT

Please give original submission date as file date.

We have received your document for 3946 NMA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 814A00006854



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3946 NMA, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited Li	iy as it now appears on our recor- lability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization for this Liability Company value of Organization for the Organization	were filed on February 1	0, 2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
ARCSTAR HOLDING LLC			
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LI	C" 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:		TALLA	
(Mailing address MAY BE A POST OFFICE BOX)		50 8	
		SS 3	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our record :	s, enter the name of the new RIDA	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	NC	
	Emer Fiorma sirea adoress		
	, Fl	oridaZip 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 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>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	~~		
E. Effective date, if other than the date of filing: April 1, 2014 (optional) (The effective date must be specific, cannot be prior to date of receipt or tiled late and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated April 1 , 2014			
Signature of a member or judicity of representative of a member William Weisman, Authorized Representative Typed or printed name of signee	TALL	3 4 E	#118 <u>#</u> 114
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Page 3 of 3			

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