

04/18/2033 05:51 P. 001/004
#L14000033234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000136538 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARROW CONSTRUCTION MANAGEMENT LLC**

Certificate of Status	0
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K. SALY
EXAMINER
JUN -9 2015

H15000136538

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Arrow Construction Management 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 Feb. 26, 2014 and assigned
Florida document number L14000033234.

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 contain 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)

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 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

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If amending Authorized Persons 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Manuel Luna, Junior	17376 S.W. 266 th Terr. Homestead, FL 33031	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Natalie Luria	17376 S.W. 266 th Terr., Homestead, FL 33031	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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2015 JUN -8 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 8th 2015

Signature of a member or authorized representative of a member

Manuel Luna

Typed or printed name of signer

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