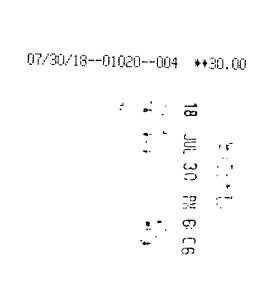
L14000051267

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	Certificates of Status
Special Instructions	to Filing Officer:





600316389966



S. PRATHER

COVER LETTER ,

TO: Registration S Division of Co				
SUBJECT:	Archon C	Commercial A	Advisors	LLC
	Name of Linne	on party		
The enclosed Articles of	of Amendment and fee(s) are subm	itted for filing.		
Please return all corresp	oondence concerning this matter to	the following:		
	Janet	Name of Person		
	Archon	Name of Person Commercial Firm/Company	Advisors	LLC
	100 E C	entral Blud,	Unit2	
	Orland	Lo LL 32801 City/State and Zip Code		
	Jane+ (City/State and Zip Code archon ca. Co be used for future annual report notif	5 M	
For further information	concerning this matter, please cal		ication)	
Janet	Galvin of Person	at (<u>407</u>) <u>484-9</u> Area Code Daytime	7562 Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional co)	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

Archon Co					
(Name of the Limited	d Liability Company as it A Florida Limited Liability	now appears on our rec Company)	ords.)	18	
he Articles of Organization for this Limited Lia lorida document number LI400051	bility Company were f 2 し 子	iled on		_ and assigned ယ	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:				5 6 CB	
<u>Principal office address MUST BE A STREET</u>					
				-	
nter new mailing address, if applicable:			•		
Mailing address MAY BE A POST OFFICE B	<u></u>				
 If amending the registered agent and/o egistered agent and/or the new registered off 		ddress on our reco	ords, <u>enter th</u>	e name of the r	
Name of New Registered Agent:	Jaret	GALVID		<u> </u>	
New Registered Office Address:	100_E	Central Enter Florida street ad	Blud.	Unit2	
	Orland	s		328DI	
		ity		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 Type of Action <u>Title</u> <u>Name</u> **Address** Jon Hellein □ Add Remove _□ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ___ Change

		
		
		<u></u>
	tive date, if other than the date of filing: (optional)	
an ef ote:	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	
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Page 3 of 3

Filing Fee: \$25.00