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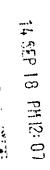


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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Arcturus Group, LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patricia Montecki	
Name of Person	
Arcturus Group, LLC	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
2328 U.S. 19 N.	
Address	
Holiday, FL 34691	
City/State and Zip Code	
pat.arcturusgroup@tampabay.rr.com	
E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, please call:	
Patricia Montecki 727, 940-888	38
Name of Person Area Code Daytime Tel	ephone Number
England in a shock for the fallowing amount.	
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)	\$\square\$ \$\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arcturus Group, 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 April 21, 2014 and assigned Florida document number <u>L</u>14000064639 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 **Type of Action Title** <u>Name</u> <u>Address</u> Edward C. Elliott 12230 137th St. ■ Add Largo, FL 33774 ☐ Remove ☐ Add _□ Remove _ Add □ Remove Remove ☐ Add _□ Remove _ Add □ Remove

	ng. (optional)
	ng: (optional) date of receipt or filed date and cannot be more than 90 days after tent of State)
the date this document is filed by the Florida Department	ent of State)
the date this document is filed by the Florida Department of the Dated Sryptem belt 1991	nent of State)
Dated September 1991	ent of State)

Page 3 of 3

Filing Fee: \$25.00