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SECKETARY OF STATE
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K.SALY EXAMINER JUL 14

COVER LETTER

TO: Registration Section Division of Corpo		•	
SUBJECT:	ARN Appo	rel LLC ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Dawn	Name of Person	
	DAR	N Apparel Firm/Company	LLC
	_ 7530 B	lack Road	<u> </u>
	Lake W	Oity/State and Zip Code	3898
	E-mail address: (4	Divea DARN. Divea DARN.	US notification)
For further information con-	cerning this matter, please ca	11:	
Dawn Name of P	<u>Maniel</u>	at (3)1) 3	17-3/34 time 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Т	\mathbf{O}	
ARTICLES OF O	ORGANIZATION	2016 JUL 12 PK 1: 10 TACECRETARY OF STATE AND THE CONTRACT OF STATE TO THE CONTRACT OF STATE
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DARU ADD	parel LLC	ALAKIARY 1:10
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	SEE ESTA
	e/ >-/	1 2 and
The Articles of Organization for this Limited Liability Company		2014 and assigned
Florida document number <u> </u>	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 of	office address on our records	s, enter the name of the new
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
	. Flo	orida
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mrg.	Richard Neale	7530 Black Rd.	Add
J		7530 Black Rd. Lake Wales, Fl 338	36 🗆 Remove
			Change
			Add
			Remove
			Change
		. A	Add
		AHASSEI SEE	Change
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Effective date, if other than the date of an effective date is listed, the date must be spe	of filing:	or to date of filing or m		ional) er filing) Pursuant	to 605 0207
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the appl	icable statutory filin			
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ne record specifies a delayed effec The 90th day after the record is		ot an effective t	time, at 12:01	a.m. on the	earlier of
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17	, <u>au (</u>	<u> </u>			
Dated July 7	ma 0 1				
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Page 3 of 3

Filing Fee: \$25.00