

L14000104415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

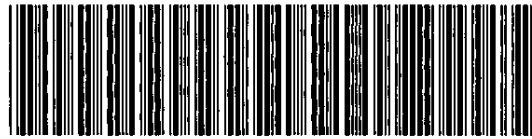
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 12 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ARROW HOUSING, LLC

**SUBJECT:** \_\_\_\_\_  
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:

ALEXY HERNANDEZ

\_\_\_\_\_  
Name of Person

ARROW HOUSING, LLC

\_\_\_\_\_  
Firm/Company

15800 PINES BLVD. #3006

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33027

\_\_\_\_\_  
City/State and Zip Code

ALEXY@FINANCIALTRUSTMANAGEMENTGROUP.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXY HERNANDEZ

305 9155176

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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

## ARROW LENDING, LLC

The Articles of Organization for this Limited Liability Company were filed on 7/1/2014 and assigned Florida document number L140000104415.

Page 1 of 3

or removed from our records:

MGR = Manager

AMBR = Authorized Member

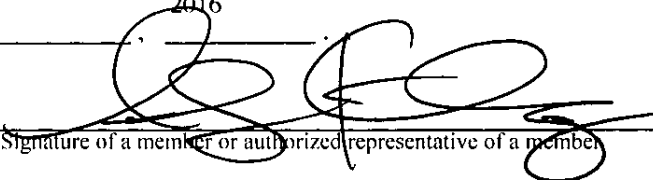
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO RADNEY	15800 PINES BLVD 311	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA  
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**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 7 2016  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALEXY HERNANDEZ  
\_\_\_\_\_  
Typed or printed name of signee

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