

L14000130817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

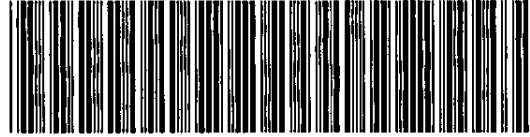
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

* Office Use Only



700267133167

12/08/14--01012--005 **25.00

FILED
14 DEC -8 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 12 2014

John Derek Walton
217 La Pasada Circle E
Ponte Vedra Beach, Fl 32082
(904) 859-0695

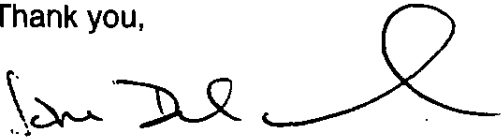
December 4, 2014

Florida Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Arrow FI, LLC

The registered agent name in the records for Arrow FI, LLC is listed as J D Walton. I am writing to request the name change from J D Walton to my full name of John Derek Walton. I have enclosed the required amendment form noting this change and a filing fee of \$25.00. Please contact me at (904)859-0695 for any questions.

Thank you,

A handwritten signature in black ink, appearing to read "John Derek Walton", with a large, stylized loop at the end.

John Derek Walton

encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrow FI, 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:

John Derek Walton
Name of Person

Arrow FI, LLC
Firm/Company

217 La Pasada Cir E
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

Arrowflauto@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Derek Walton at (904) 859-0695
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

Arrow FL 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 9/1/14 and assigned Florida document number L14000130817.

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 "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:

John Derek Walton

New Registered Office Address:

6120 US 1 North

Enter Florida street address

St Augustine

City

Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 8

AM 10:53

32095

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.

John Derek Walton
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

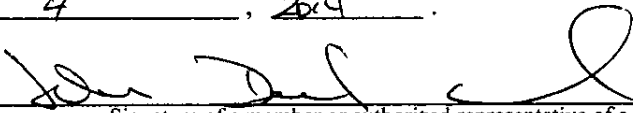
MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <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 |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |

FILED
14 DEC -8 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 4, 2014.



Signature of a member or authorized representative of a member

John Derek Walton

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 DEC - 8 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA