

L14000/30817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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14 DEC 30 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Burch JAN 16 2015

John Derek Walton
217 La Pasada Circle E
Ponte Vedra Beach, FL 32082

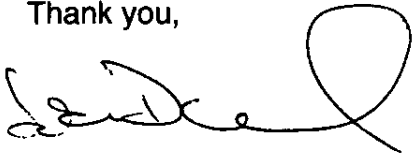
December 23, 2014

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

RE: Arrow FI, LLC

Please add manager of Arrow FL, LLC John Derek Walton to the corporate records. I have enclosed the required amendment form noting this change and a filing fee of \$25.00

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 FL 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 FL LLC
Firm/Company

6120 US 1 North
Address

St Augustine FL 32032
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 PL 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 8/20/14 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)

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TALLAHASSEE, FLORIDA

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

_____, Florida

City

Zip Code

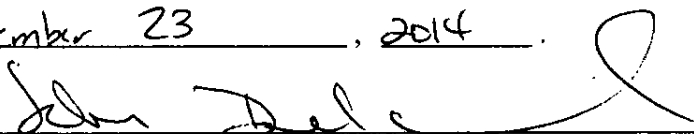
New Registered Agent's Signature, if changing Registered Agent:

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

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 23, 2014.



Signature of a member or authorized representative of a member

John Derek Walton

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA