

L14000162163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

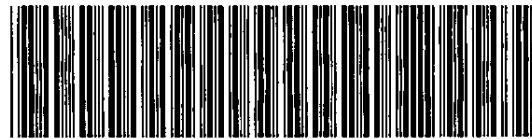
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. SCOTT
NOV 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

NAVJOT GILL
4645 S CLYDE MORRIS BLVD #407
PORT ORANGE, FL 32129

SUBJECT: ARC4LIFE, LLC
Ref. Number: L14000162163

RECEIVED
2016 NOV 16 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ARC4LIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 3 OF 3 IS MISSING.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00023860

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARC4LIFE 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:

Navjot Gill

Name of Person

ARC4LIFE LLC

Firm/Company

4645 S CLYDE MORRIS BLVD #407

Address

PORT ORANGE FL 32129

City/State and Zip Code

ARC4LIFE @ OUTLOOK.COM

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

For further information concerning this matter, please call:

Navjot Gill

Name of Person

at (

Area Code

386 872-5094

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARC4LIFE, 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 JAN 1 2015 and assigned Florida document number L14000162163

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 contain 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)

4645 S. CLYDE MORRIS BLVD #407
PORT ORANGE, FL 32129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4645 S CLYDE MORRIS BLVD #407
PORT ORANGE, FL 32129

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:

NAVJOT GILL

New Registered Office Address:

4645 S CLYDE MORRIS BLVD #407

Enter Florida street address

PORT ORANGE, Florida 32129

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.

Navjot Gill

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
AMBR MGR	Matthew Bellinger	5889 S Williamson Blvd #1416 Port Orange 32128	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NAVJOT GILL	4645 S CLYDE MORRIS BLVD #407 PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: Nov 2 2016 (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.

(b) The 90th day after the record is filed.

Dated NOV 2, 2016

Navjot Gill

Signature of a member or authorized representative of a member

Navjot Gill

Typed or printed name of signee