

L150000039190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

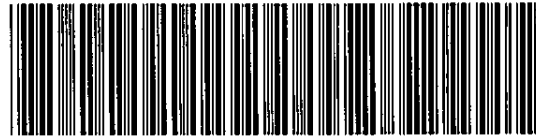
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300269833273

RECEIVED  
15 MAR 18 AM 11:24  
DIVISION OF CORPORATION

FILED  
15 MAR 18 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 19 2015  
T. HAMPTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 522377 8037449

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : March 3, 2015

ORDER TIME : 9:50 AM

ORDER NO. : 522377-005

CUSTOMER NO: 8037449

DOMESTIC AMENDMENT FILING

NAME: ARCOR BUILDERS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARCOR BUILDERS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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

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

\_\_\_\_\_  
Address

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

VEDHANGELD@GMAIL.COM

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

For further information concerning this matter, please call:

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

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

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: ARCOR BUILDERS LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000039190

**THIRD:** Document to be corrected is:  
Articles of Organization for Florida Limited Liability Company

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Statement: Article II. The mailing address of the Limited Liability Company is: PSC 559 Box 6538, FPO, DE. 19808

Correct Statement: Article II. The mailing address of the Limited Liability Company is: PSC 559 BOX 6538 FPO, AP 96377

Incorrect Statement: Article IV. The name and address of person(s) authorized to manage the LLC: MGRM, ROGER CORPUZ, PSC 559 Box 6538, FPO, DE. 19808

Correct Statement: Article IV. The name and address of person(s) authorized to manage the LLC: MGRM, ROGER CORPUZ, PSC 559 BOX 6538 FPO, AP 96377

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative *[Signature]*

Date 3/17/2015

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**

**FILED**  
15 MAR 18 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA