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(((H15000199494 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, P.A.

Account Number : 120140000065

Phone

: (305)371-5758

Fax Number

: (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

ndaniels ( therrel baisden. com Email Address:

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ARA PONCE, LLC. Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$55.00

AUG 1 9 2015

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARA Ponce, LLC			_ <del></del>
(Name of the Limited Liability Come (A Florida Limited	nany as it now appears on o Liability Company)	our records.)	
he Articles of Organization for this Limited Liability Companionida document number L15000125367	y were filed on July 24,	2015 an	d assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
ARA Toccoa, LLC			
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designa	tion "LLC" or the abbreviation	οπ "L.L.C."
inter new principal offices address, if applicable:	<del></del>		<u> </u>
Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			18 M 10 10
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address be		records, enter the n	ame of the
Name of New Registered Agent:			
New Registered Office Address:			
<del> </del>	Enter Elorida st	reet address	
		, Florida	
·			Code

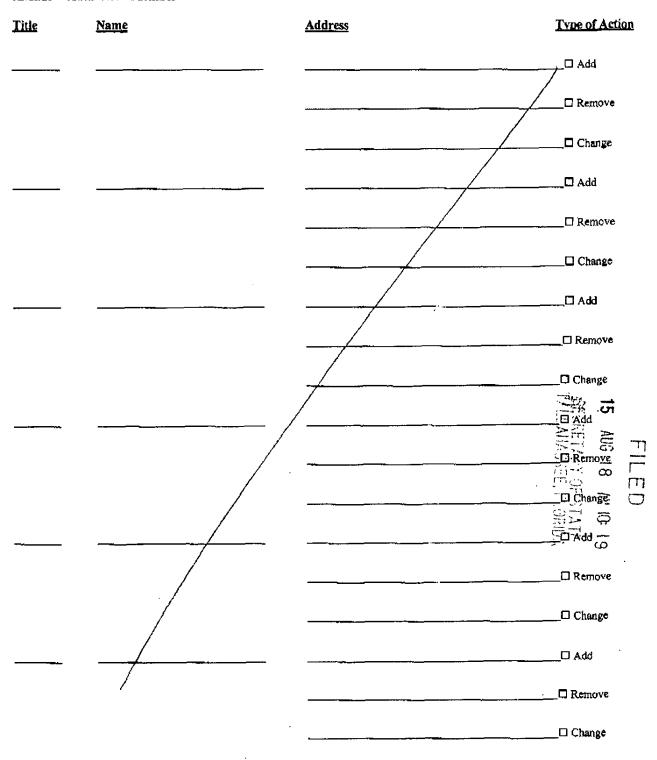
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

Page 1 of 3

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



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ective date, if other than the date of filing affective date is listed, the date must be specific and tell if the date inserted in this block does not current's effective date on the Department of record specifies a delayed effective the 90th day after the record is filed.	d cannot be prior to date meet the applicable str State's records. date, but not an e	autory filing requiremen	ys after filing.) Pursu us, this date will n	ant to 605.0 of be listed
ed August 18	2015			
(1) Janes	member or authorized re	presentative of a member		
Warren Bryer, authorized representat	_			
		of signee		

Filing Fee: \$25.00