1500 135844

(Requestor's Name)		
(Address)		
(Address)		
(Čity/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



200321539732

12/07/18--01008--008 **25.00

18 OEC -7 PM 6: 59

K SALY DEC 18 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Arbor Holdings Group 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:			
Max Granofsky Name of Person			
Firm/Company			
455 NE5th Ave Suite D-407			
Detroy Beach, FL 33483 City/State and Zip Code Maranofity and J. Com E-mail address: (to by used for future annual report notification)			
For further information concerning this matter, please call:			
May Granof Sky at 501 358-7181 Name of Person at 501 Daytime Telephone Number			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) \$25.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			

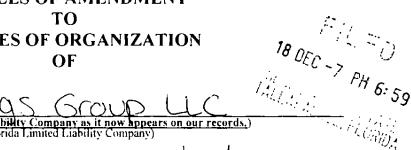
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company were filed on Florida document number 115000135 844

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Arbor Residential M The new name must be distinguishable and contain the words "Limited Liabilette Contains the words" "Limited Liabilette Contains the words "Limited Liabilette Contains the words" "Linited Liabilette Contains the words" "Linited Liabilette Contains the words" "Liabilette Contains the words" "Li	ianagement LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	455 NE5th Ave Suite D-407 Delray Beach, FL 33483
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H55 NE 5th Ave Suite D-407 Delray Beach, FL 33483

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:

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

or removed from our records: 18 DEC -7 PH 6:59 MGR = Manager AMBR = Authorized Member Type of Action Title **Name Address** □ Add _□ Remove _□ Change □ Add _□ Remove ____ Add □ Remove _____ Change _____ _ _ _ _ _ _ _ _ Add ____ □ Remove □ Change □ Add _□ Remove _____ Change ___ Add _□ Remove _____ □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	7 · · · · · · · · · · · · · · · · · · ·
	18 0EC -7 PH 6: 3
	PH 6:
	T LORID,
- 5	
	
	
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an efb) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated December 3 . 2018.	
Signature of a member or authorized rep	presentative of a member
May Corganicia	
Max Granossian Typed or printed name of	of signee

Page 3 of 3

Filing Fee: \$25.00