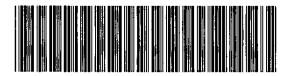
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations	
ARROV SUBJECT:	WILLC	
SUBJECT:	Name of Limited Liability Company	
•	s of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:	
	HIRAM D. OCARIZ	
	Name of Person	
	OCARIZ, GARRASTACHO, HEVIA LLLP	
	Firm/Company	
	999 PONCE DE LEON BLVD., SUITE 650	
	Address	
	CORAL GABLES, FL 33134	
	City/State and Zip Code	
	HOCARIZ@OGHCPA.COM  E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
ALICIA GUERRERO	305 444-8838 at ( )	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy of certified Copy (additional copy is enclosed)	f Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARROW 1 LLC	·				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	ır records.)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/30/15		and as	signed	
Florida document number L15000185007					
This amendment is submitted to amend the following:			·		
A. If amending name, enter the new name of the limited	liability company here:				Extension for the second secon
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	on "LLC" or the	abbreviation "L	.L.C."	<del></del>
Enter new principal offices address, if applicable:			<del></del>	<del></del> :	_
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		<u> </u>	<u> </u>	<del></del>
			<u> </u>		<u>.</u>
•			35	<i>₽</i>	Sizere de Sizere de Si
Enter new mailing address, if applicable:			유크	<u>හ</u>	5
(Mailing address MAY BE A POST OFFICE BOX)				32	<u></u>
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·			- IOM	ယ	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>ente</u>		of the	new
Name of New Registered Agent:		<u> </u>		· -	
New Registered Office Address:					
	Enter Florida stre	et address .			
		, Florida _	<del>- 2</del>		
	City		Zip Code		
<u>New Registered Agent's Signature, if changing Registered Ag</u>	<u>rent:</u>				

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

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>		Address	Type of Action
MGR	SERGIO COLES		999 PONCE DE LEON BLVD.	
-		•	SUITE 650	Remove
			CORAL GABLES, FL 33134	☐ Change
MGR	SERGE GEORGES COLES		999 PONCE DE LEON BLVD.	<b>⊟</b> Adđ
			SUITE 650	
			CORAL GABLES, FL 33134	Change
<u> </u>			<del></del>	Add
				□ Remove
				□ Change
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				□ Remove
		•		□ Change

D. II amending a	ny other information, ente	er change(s) here: (Atta	ach additional shee	ls, if necessary.)		
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	if other than the date of fi is listed, the date must be specific	and cannot be prior to date o	f filing or more than 90	(optional) days after filing.) Pur	suant to 605.0207 (3	s)(b)
(If an effective date		of meet the applicable stat	autory ming requiren	ients, this date will	not be listed as to	le
(If an effective date Note: If the date	inserted in this block does no ctive date on the Department of	of State's records.	,			
(If an effective date Note: If the dat document's effe	e inserted in this block does not be been to be been the Department of the cifies a delayed effectively after the record is file.	e date, but not an ef	ffective time, at	12:01 a.m. on t	the earlier of:	
(If an effective date Note: If the date document's effective fithe record specific the record specific fithe fithe fithe 90th date document in the specific fithe fit	cifies a delayed effective	e date, but not an ef	ffective time, at	12:01 a.m. on t	the earlier of:	
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(If an effective date Note: If the date document's effective the record specific the record specific the record specific the following the specific three sp	ctive date on the Department of cifies a delayed effective by after the record is file	e date, but not an ef			the earlier of:	- :