

LI60000 20742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

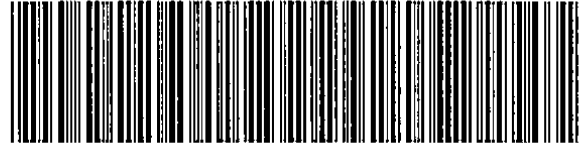
(Business Entity Name)

(Document Number)

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PM SD

2019 AUG 13 PM 4:27

C. GOLDEN

AUG 22 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arnold Property Management, 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:

Brenda Arnold

Name of Person

Arnold Property Management, LLC

Firm/Company

14009 Kingfisher Glen Dr.

Address

Lithia, FL 33547

City/State and Zip Code

laarnold11@gmail.com

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

For further information concerning this matter, please call:

Brenda Arnold

813

6299304

at ()

Name of Person

Area Code

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

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

FILED

2019 AUG 13 PM 4:

Arnold Property Management, 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 January 29, 2016 and assigned
Florida document number L16000020742.

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)

14009 Kingfisher Glen Dr.

Lithia, FL 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14009 Kingfisher Glen Dr.

Lithia, FL 33547

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

14009 Kingfisher Glen Dr.

Enter Florida street address

Lithia, FL 33547

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AP	Lindsay A Joyce	16406 Chapman Crossing Dr.	<input type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Richard Arnold	14009 Kingfisher Glen Dr.	<input type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Brenda Arnold	14009 Kingfisher Glen Dr.	<input type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Kristen Arnold	14009 Kingfisher Glen Dr.	<input type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input checked="" 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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Richard A. Hoff
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee