

L16000046026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARCLIGHT FUND 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:

MICHAEL WILLIAMS

Name of Person

GUARDIAN FUND MANAGEMENT

Firm/Company

1221 BRICKELL AVE., SUITE 900

Address

MIAMI, FL 33131

City/State and Zip Code

mwilliams@guardianfundmanagement.com

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

For further information concerning this matter, please call:

MICHAEL WILLIAMS

917 819-5505
at ()
Area Code Daytime Telephone Number

Name of Person

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ARCLIGHT FUND 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 MARCH 4, 2016 and assigned
Florida document number L16000046026.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GUARDIAN OPPORTUNITY MANAGEMENT, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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MAR 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GUARDIAN FUND MANAGEMENT, LLC

New Registered Office Address:

1221 BRICKELL AVE., SUITE 900

Enter Florida street address

MIAMI

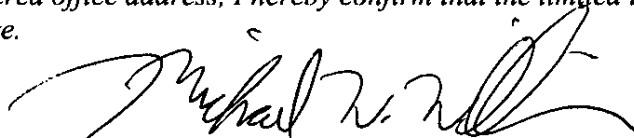
City

Florida 33131

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 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.

 3-14-16

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

3-14

2017

3-14 2017
Michael W. Hall

Signature of a member or authorized representative of a member

MICHAEL W. WILLIAMS

Typed or printed name of signee

FILED
17 MAR 2003
SECRET
TALLAHASSEE FL
DEPT. OF STATE