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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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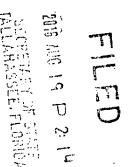
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FILING CANCELLED RETURNED CHECK



AUG 2 2 2013

COVER LETTER

Division of Corp	orations			
SUBJECT: ARF	Kundity LLC Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Andrew	fubritar)		
		Name of Person		
	ARK Fur	ding LLC		
		Firm/Company		
	8000 West,	Por, AM 724		
		Address		
	North L	Bay Villyo FL	33141	
	a Falcikant	City/State and Zip Code 1992 a gm.11. com		
	E-mail address: (t	o be used for future annual report notifica	ution) Programme	
For further information co	ncerning this matter, please ca	all:	And	3
Andrew Kub	ilkart	at (Area Code) Daytime To	cut a com	
Name of	Person	Area Code Daytime To	elephone Number	
Enclosed is a check for the	following amount:		D\$	
\$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

TO:

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

FILING CANCELLED RETURNED CHECK

(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	ity company here: y Company," the designation "LLC" or the abbreviation "L.L.C." cice address on our records, enter the name of the ne
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent: Andra-	Fabriful (MgR)
New Registered Office Address:	Futor Florida street address 4-71
	Florida D
	City Zip Coda
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name -		Addre	ess					Type of Action
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effective date is listed, the date must be: If the date inserted in this block	be specific and	d cannot	be prior to	o date of filir	g or more th	an 90 days	after filing	g.) Pursua	nt to 605.0)2(
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Page 3 of 3

Filing Fee: \$25.00