L16000113804

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		•	
OLUB II	ARKUP LI	.C		
SUBJI	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		NICOLAS DEROUIN		
			Name of Person	<u> </u>
		ARKUP LLC		
			Firm/Company	
		2100 PARK AVENUE, U	NIT 211S	
			Address	
		MIAMI BEACH, FL 3313	9	
		NICOLAS@ARKUP.COM	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
NICO	LAS DEROUIN		786 448-8635	
	Name o	f Person	at () Area Code · Daytime	: Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327 Tailahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARKUPLLC				
(Name of the Limited Liability Com (A Florida Limited	<mark>pany as it now appears on our ro</mark> I Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Companies Florida document number L16000173804	ny were filed on 09/12/2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		197 C29		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		SSET TO STATE OF STAT		
	Enter Florida street address			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agen	•	Zip Code		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. Te performance of my dutie. S provided for in Chapter 6	s, and I am familiar with and 05. F.S. Or, if this document is		

Page 1 of 3

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
AMBR	ARNAUD LUGUET	171 N SHORE DRIVE, APT 305	= Add
		MIAMI BEACH, FL 33141	□ Remove
			Change
			□ Add
			Remove
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tive date, if other than the date fective date is listed, the date must be sp	of filing:	. 1 . 0.01	(opti	onal)	1000
If the date inserted in this block do	loes not meet the applic	able statutory filing	e man 90 days and requirements, thi	r ming.) Pursua is date will no	nt to 605.0 t be listed
nent's effective date on the Departr	nent of State's records.				
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cord specifies a delayed effe		t an effective tir	ne, at 12:01	a.m. on the	e earlie
e 90th day after the record i	s riiea.				
12/15	2016		,		
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Signa	iture of a member or author	orized representative o	f a member	<u> </u>	m

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Filing Fee: \$25.00