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TO:	Registration Section
	Division of Corporations

ARP MEXICAN, LLC

SUBJECT:

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:

Michele B. Hurley, Paralegal

Name of Person 1

Rees Broome, PC

Firm/Company '

1900 Gallows Road, Suite 700

Address

Tysons Corner, Virginia 22182

City/State and Zip Code

mhurley@reesbroome.com

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

For further information concerning this matter, please call:

 Michele B. Hurley, Paralegal
 703
 790-6232

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

I \$30.00 Filing Fee & Certificate of Status S55.00 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 ARTICLES OF ORGANIZATION OF
(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 <u>January 18, 2017</u> and assigned Florida document number <u>L17000014749</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ARP-8717 International, 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:
(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 office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:

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.

Cini

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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AMBR =	Authorized Member		
Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	August	2		· ·	
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		Signation	e of a member or authorized re	epresentative of a member	
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			Page 3 of 3	3	

Filing Fee: \$25.00

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