## L17000022859

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800336775788

11/08/19--01006--021 \*\*25.00





## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
		DING LLC		
SUBJ	ECT:			<del></del>
		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleaso	e return all correspo	ndence concerning this matter	to the following:	
		LEVON ARGUTYAN		
			Name of Person	<del></del>
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti-	ication)
For fi	irther information c	oncerning this matter, please c	all:	
LEV	ON ARGUTYAN		305 877 7717	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$2	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:

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

ARG LENDING LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco med Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on01/30/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u> ARG HOLDING LLC	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LI	LC" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	(S)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON		The co
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our recessions our second seco	ds enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		· 4
	Enter Florida street addi	ress
	. 1	Florida
<del></del>	Cm	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. Thereby confirm that the limited liability company has been notified in writing of this change.

H 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
			Add
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

			U 17/2/1	1,551 A.	71776		
		isquiaure jo avi	nguosoudor poviz	опирет от аито	ນ ຮ ງດ ວ <u>າ</u> ຄາຍແລ້ເຽ		
					NIFF		
			. —		. <u>/ "                                  </u>		naur
				5016		Z asquisaoN	pared
earlier of:	an. on the	0:51 J6 ,9miJ <u>s</u>	: su effective	ate, but not			e record speci The 90th day
) 7020,200 of n J as batell ad	( <b>Isnoit</b> q Tanisma Genill Tali Ton Hiw 91sb sidt	, smomorimpor gai e syeb 99 medi mora por	ro gailft To such o Lit yronurgis old	rannot be prior r splitges and tables	a be specific and ock does not m	hsted, the date mus nserted in this bl	<b>Hective date, if</b> as effective date is in the date if ocument's effecti
					<del> </del>	· <del>-</del> ··	
					·		<del></del>
							<del></del>
		·					
		·					
		,					
		•					
		•					
		·					
		•					

Page 3 of 3 Filing Fee: \$25.00