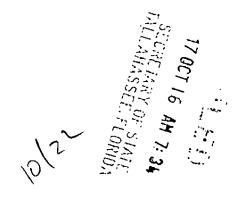
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	<u> </u>	(R€	equestor's Name)	
		(Ad	ldress)	
		(Ac	ldress)	
		(Cit	ty/State/Zip/Phone	· #)
		PICK-UP	☐ WAIT	MAIL
		(Bı	siness Entity Nam	ne)
		(Do	ocument Number)	
Certific	ed Cop	ies	_ Certificates	of Status
Spec	cial Ins	tructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corpor				
SUBJECT: Advar	nced Resicle	Atial Resourced Liability Company	irces L	LC
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Steve mo	Name of Person		
		Firm/Company		<del></del>
	5450 Sie	Sta Key Lo	αρ	
	Dover FL	33527		<u>_</u>
	ironmac	@msn.com	\	
_	E-mail address; (to	o be used for future annual re	port notification	n)
For further information conc	erning this matter, please ca	11:		
Steve Mo	Kinney	at ( <u>&amp; ( 3</u> ) Area Code	409- Daytime Telep	1227 Ohone Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	•	S60.00 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

Advanced Residential Resources LLC

ny as it now appears on our records.) iability Company)
were filed on <u>Oxtoor 5, 2017</u> and assigned
lity company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter Florida street address  Florida  City

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.

New Registered Agent's Signature, if changing Registered Agent:

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	Steve Mckinney	5450 Siesla Kay Loop	<b>JS</b> r Add
		5450 Siedy Kayloop Dover, FL 33527	Remove
			Change
AMBR	Michelle McKinney	5450 Siesta Key Loop	D Add
		Dover, FL 33527	□ Remove
			<b>△</b> Change
			🗆 Add
		<u></u>	☐ Remove
			Change
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	rd specifies a delaye Oth day after the rec			but not	an effect	ive time, a	t 12:01 a.ı	m. on the	e earlie	er o
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ated	October 1		- 1	-						

Page 3 of 3

Filing Fee: \$25.00