## 1180000 43772

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## **COVER LETTER**

TO: Registration So Division of Con			
Arrowhead	Trailer and Equipment, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William J. Roberts, Jr		
		Name of Person	
	Attorney at Law		
		Firm/Company	
	387 NW Club View Circle		
		Address	
	Lake City, FL 32055		
	wjroberts2@gmail.com	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notif	lication)
For further information of	concerning this matter, please co	afl:	
William J. Roberts, Jr.		386 344-7033	
Name (	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Golditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 MAR 12 PM 1:52

Arrowhead Trailer and Equipment LLC

(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 February 19, 2018 and assigned		
Florida document number L 18000043772			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
Arrowhead Sales LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	692 SW Arrowhead Terrace		
(Principal office address MUST BE A STREET ADDRESS)	Lake City, Florida, 32024		
Enter new mailing address, if applicable:	692 SWArrowhead Terrace		
(Mailing address MAY BE A POST OFFICE BOX)	Lake City, FL 32024		
	ff		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent:			
N D : 1007 A11			
New Registered Office Address:	Enter Florida street address		
	Plenda		
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No. 10 March 1981 Annual Annua	•		

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.

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 Type of Action Address Title Name. □ Add ☐ Remove ☐ Change \_□ Add □ Remove \_D Change \_□ Add ☐ Remove \_ Change \_□ Add ☐ Remove Change □ Add \_□ Remove \_□ Change □ Add ☐ Remove

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Filing Fee: \$25.00