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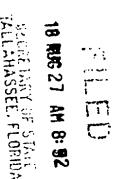
| | Requestor's Name) |
|----------------------|-------------------------|
| (| Address) |
| (| Address) |
| (| City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
| | A) X 8/31/18 |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | <i>.</i> |
|---|--|--|
| SUBJECT: ARABESCU Nam | E REALTY Le of Limited Liability Company / | EBE CHANGE |
| The enclosed Articles of Amendment and fee(s) | are submitted for filing. | / |
| Please return all correspondence concerning this | matter to the following: | : |
| ARABE" | SQUE THI ME Name of Person | HOSKY, LLC |
| | Firm/Company | |
| 900 -300 | SAINT LUCIE | ,- , |
| 5TUA E-mail a | City/State and Zip Code City/State and Zip Code City/State and Zip Code ddress: (to be used for future annual report noti | 7117 1 C C T C T C T C T C T C T C T C T C T |
| For further information concerning this matter, p | please call: | fication) |
| ACAGE WE MY Name of Person | FLOSKY at (50) 345 Area Code Daytim | c Telephone Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee | | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |

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

(additional copy is enclosed)

Registration Section
Division of Corporations
Cirhon Buikang
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO 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 $3.5 \cdot 1\%$ and assigned Florida document number 15000057217 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: 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: |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Const Viorida street address |
| |
| City 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. 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

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| | 4-100-4-15 D-1-71- OF WAM 1 | .20 |
| L. Effec | tive date, if other than the date of filing:(optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 | , ,07 /2 \/ L |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. | as the |
| 0,000 | sense of the on the population of state 2 records. | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. | of: |
| <i>O</i> , | The state of the s | |
| Dated | 9.22:18 | |
| | | |
| | Signaltive of a member or authorized representative of a member | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00