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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Solivision of Col			
SUBJEC	Through T	he Archway, LLC		
30 0 000	·	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase ret	urn all correspo	ondence concerning this matter	to the following:	
		Ryan Croall		
			Name of Person	
		Through The Archway, LL	.C	
		-	Firm/Company	
		4901 Godfrey Rd		
			Address	
		Parkland, FL 33067		
		ryan.croall@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information o	concerning this matter, please ca	ail:	
Ryan Cro			413 250-3671	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$ 25,0	0 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

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THROUGH THE ARCHWAY, 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 $\frac{03/26/2018}{2000}$ Florida document number <u>L</u>18000077688 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 "LLC." 4901 Godfrey Rd Enter new principal offices address, if applicable: Parkland, FL 33067 (Principal office address MUST BE A STREET ADDRESS) 4901 Godfrey Rd Enter new mailing address, if applicable: Parkland, FL 33067 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

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
MGRM	Steve Schwartz	3550 Powerline Rd	
		Oakland Park, FL 33309	
			Remove
			Change
MGR	Joeseph Patrick Walker	4901 Godfrey Rd	
		Parkland, FL 33067	■ Add
			□ Remove
			Change
MGR	Jeffrey Gandelman	4901 Godfrey Rd	⊟ Add
		Parkland, FL 33067	
		 	Remove
			☐ Change
	 		
			Remove
			Change
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cffective date,	is listed, the date mu	: uate of filing: _ st be specific and can	not be prior to da	te of filing or more th	(optional) nan 90 days after filing.)	Pursuant to 605,020
<u>e:</u> If the dat	e inserted in this b	lock does not meet	the applicable	statutory filing req	uirements, this date w	vill not be listed a
ument selfe	ctive date on the D	epartment of State	s records.			
record spe he 90th d	ecifies a delayed ay after the rec	d effective date ord is filed.	e, but not an	effective time	, at 12:01 a.m. o	n the earlier o
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ed		,				
	Mary			representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00