# 118000148211

(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



700328396427

U5/U2/19--81816--888 \*\*25.88



Much

MAY 1 4 2019 I ALBRITTON

## **COVER LETTER**

Division of Corpo			
SUBJECT:	15m-Argo	ALF, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Pila	er Carvejal	
	1 .	Name of Person J	
		on Senise M	· · · · · · · · · · · · · · · · · · ·
	1688 /	Meridian Ae Address	Sut 700
	Mlami	Brack, F2 33 City/State and Zip Code	139
	0(	City/State and Zip Code	
	E-mail address: (t	lo be used for future annual report notifi	- JM. Lom
For further information con	ncerning this matter, please ca		
Pilor	Carvejal	at (\$00) 425- Area Code Daytime	9914
Name of I	Person J	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 (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

ISM- Arso AL	F. LLC
(Name of the Limited Liability Co (A Florida Limit	npany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison $L1800014821$	any were filed on $6/15/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
15M-Safety Harbo The new name must be distinguishable and contain the words "Limited L	or LLC
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>
	. 0
Enter new mailing address, if applicable:	2019
(Mailing address MAY BE A POST OFFICE BOX)	
	2 - 1
	三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、
B. If amending the registered agent and/or registered registered agent and/or the new registered office address t	office address on our records, enter the name of the new
	nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
<del> </del>			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

	<del></del>			·	
<del></del>			-		
	<del></del>	<del></del>			
				_	
<del></del>					
		·			
				<u>-</u>	
	<u></u> .	····			
	<u></u>	<del></del>			
		<u> </u>			
			_		
		<del></del>		<del>1</del>	<u> </u>
		<del></del>			<del></del>
effective date is listed e: If the date insert	er than the date of filing the date must be specific an ed in this block does not to on the Department of	d cannot be prior to e meet the applicabl	29/2019 date of fifting or more that e statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	int to 605.020 of be listed as
ecord specifies ne 90th day aft	a delayed effective or the record is filed.	date, but not a	an effective time,	at 12:01 a.m. on the	e earlier of
$\frac{4}{29}$		2019			
,					
	Signature of a	member or authoriz	ed representative of a m	ember	
			•		
			iame of signee		

Page 3 of 3

Filing Fee: \$25.00