## 18000336060

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

O: Registration Section Division of Corporations	
UBJECT: ARRAWANA CH ASSOCIATES LLC  Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
PATRICIA DESMOND Name of Person	
ARRAWANA C-4 ASSOCIATES LLC	
12831 SERCHERA Valley COURT	
SPRING HILL FL 34610  City/State and Zip Code  PE-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call;	
PATRICIA DESMOYO at (973) 343-0738  Name of Person Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
Mailing Address: Street Address:	

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	Florida Limited Liability Company)	103.7
The Articles of Organization for this Limited Liab		T 1 308 and assigned Fig. 1 308 ALLAHASSE
This amendment is submitted to amend the follow	ing:	THE PART OF THE PA
A. If amending name, <u>enter the new name of th</u>	he limited liability company here: HA	
The new name must be distinguishable and contain the word		LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicab	le: N/A	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: N/ (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered office address to	OX)  istered office address on our records, ent	er the name of the new registered
	•	
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida street addi	TEAS
		Florida

## 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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	KALE DESMORD	408 5. ARRAGANA AVE, CH Tampa FL 33609	_ XAdd
			_ □Remove
			□Change
			_ □Add
			□Remove
			_ □Change
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an enecuv lote: If th		e must be specific and tis block does not r	a cannot be prior to a meet the applicable	are or turng or more tra		) .) Pursuant to 605.0207 will not be listed as
	ecifies a delayed eff	ective date, but no	t an effective time,	at 12:01 a.m. on the	e earlier of: (b) Tl	ne 90th day after the
record sp Lis filed.						
l is filed.	6-90	Ω-1	7034 - 7006	100010		
d is filed.	6-90	Attus Signature of a	DOSH The member or authorize	SMCIO d representative of a r	nember	