

L180000290108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

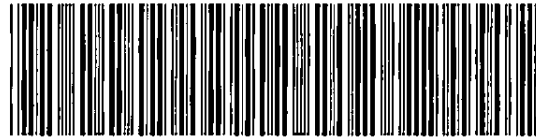
(Document Number)

Certified Copies _____

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FILED
2023 AUG -2 PM 12:14
CLERK OF COURT
TALLAHASSEE, FLORIDA

RECEIVED
2023 AUG -2 PM 4:48
DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from I20210000160: \$30.00

Authorization Signature: 
ARCH PRIME LLC L18000290108
BUSINESS DOC#

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. or member
☐ Dissolution
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Correction**

OTHER FILINGS

☐ **Trademark**
☐ Annual Report
☐ NOTARY REGISTRATION
☐ Fictitious Name
☐ APOSTILLE
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCH PRIME LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Guild

Name of Person

Guild Law Firm PL

Firm/Company

13814 Sigler Street

Address

Riverview FL 33579

City/State and Zip Code

info@guildlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Guild

202 643-6876
at ()

Name of Person

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 Address:

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**

FILED

2023 AUG -2 PM 12: 14

ARCH PRIME LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

COUNTY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 18, 2018 and assigned
Florida document number L18000290108

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Av. Vicente Suárez 38, Departamento 4,
Hipódromo Condesa, Cuauhtémoc, 06100
Ciudad de México, Mexico

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Av. Vicente Suárez 38, Departamento 4,
Hipódromo Condesa, Cuauhtémoc, 06100
Ciudad de México, Mexico

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

_____, Florida _____
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARLO A. HABET	124 Barrack Road	<input type="checkbox"/> Add
		Belize City, Belize	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUDREY N. ROBIN	San Diego de los Padres 24, Atizapan de Zaragoza	<input type="checkbox"/> Add
		Estado de Mexico, 52959	<input type="checkbox"/> Remove
		Ciudad de México, Mexico	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2023 AUG-2 PM 12:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 27/07, 2023

Signature of a member or authorized representative of a member

CARLO A. HABET

Typed or printed name of signee

Filing Fee: \$25.00