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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

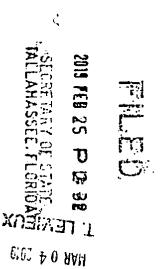
Office Use Only



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RECEIVED FEB 2.5 2019



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ect: Avk		ed Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ondence concerning this matter to	the following:	
		John	O COADON Name of Person	
			Firm/Company	
		6751	3 are north	<u> </u>
		St. peters	City/State and Zip Code	33710
		Uzoconnor E-mail address: (to	ll a g Mail . Corre be used for future annual report no	<u>)</u> otification)
For fu	ther information c	oncerning this matter, please call	1:	
	bhn 0'	COANOC f Person	at (721) 69. Area.Code Dayt	2-3536_ ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
5 \$2	5.00 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

Or	•	FILE
Arbor Connection	LLC	<u>25 35 38</u>
(Name of the Limited Liability Compan- (A Florida Limited Li	<u>y as it now appears on t</u> ability Company)	man records.
The Articles of Organization for this Limited Liability Company v	vere filed on <u>fel</u> o	SECRETARY ENGINE
Florida document number <u>L1900037098</u> .	·	J
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	ation "L.L.C" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ice address on our	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	reet address

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

	lanager Authorized Memb	er				
<u>Title</u>	Name		Address			Type of Action
MGR	Datosa	22	26751	23 Dave	2north	🗆 Add
	Natassic	a V. Moos	6751	3rd ave	noth	Remove
						Change
MGR	John	Oconnoc	6751	3rd ave	north	_XAdd or C
			 -		·	🗀 Remove
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Page 3 of 3

Filing Fee: \$25.00