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Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCADIAN HOLDINGS MIAMI, LLC

Certificate of Status	0
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AUG 23 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arcadian Holdings Miami, 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 March 12, 2019 and assigned
Florida document number <u>L19000069923</u>
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."
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 on our records, enter the name of the ne 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

pg 3 of 5

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>	Name	Address	Type of Action
AMBR	Centercorp Florida, LLC	215 SE 8th Ave., #2760, Ft. Lauderdale, FL 33301	<b>⊠</b> Add
			☐ Remove
			Change .
_AP	Austin Rosen	215 SE 8th Ave., #2760, Ft. Lauderdale, FL 33301	<b>⊠</b> Add
			C Remove
			Change
AP	Randy Tulepan	215 SE 8th Ave., #2760, Ft. Lauderdale, FL 33301	<b>⊠</b> Add
			☐ Remove
			Change
MGR	Centercorp Florida, LLC	215 SF 8th Ave., #2760, Ft. Lauderdale, FL 33301	⊠ Add
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Page 3 of 3

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