h19000253109

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	tity Name)
(Document N	umber)
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COVER LETTER

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TO:

TO: Registration So Division of Cor				
		TARC LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ANTONIO RUTHES			
		Name of Person		
	ANTARC LLC			
		Firm/Company		
	2654 OAKBROOK DR.			
		Address		
	WESTON, FL 33332			
	antonioruthes@gmail.com	City/State and Zip Cod		
Con Combon in Companion o		to be used for future annu	al report notification)	
	concerning this matter, please co		257 7 100)	,,
CARLA RUTHES		at () _	356-6409	
Name o	of Person	Area Code	Daytime Telephor	
Enclosed is a check for t	he following amount:			23 T
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is c		S60.00 Filing Fee. Certificate of Status & Certified Copso (additional copy Fenclosed)
Mailing Addres Registration			Address: tration Section	
Division of C	lorporations	Divisi	on of Corporation	
P.O. Box 632 Tallahassee.			'entre of Tallahass N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTARC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) __ and assigned L19000253109 Florida document number 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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>	Address	Type of Action
AMBR	CLAUDIA RUTHES	2654 OAKBROOK DR. WESTON, FL 33332	= Add
			□Remove
			□Change
AMBR	CARLA RUTHES	3675 N COUNTRY CLUB DR. APT. 1108.	= Add
		AVENTURA, FL 33180	⊡Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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Signature of a member or authorized representative of a member	