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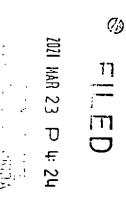
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COVER LETTER

TO: • Registration Sec Division of Corp	tion orations		•
SUBJECT:	AR PAR_	LLC"	•
30bster	Name of Limit	ed Liability Company	
The analoged Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter to	o the following.	
	R	yan Von Moll	
		Name of Person	
		Firm/Company	
	10 (l. C,	
	10 Sa van	Address	
	Macaa	outh INIV 26501	
		OWN, WV 26501 City/State and Zip Code	
	rvo	nmolle amail.com	
	E-mail address: (t	to be used for future admual report notifical	10n)
For further information co	oncerning this matter, please ca	all:	
P 1) Mall	at (757) 718 (1277
Name of	f Person	Area Code Daytime To	elephone Number
			a.
Enclosed is a check for th	ne following amount:		
⅓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is englosed)
Mailing Addres		Street Address: Registration Section	2u
Registration S Division of C		Division of Corpo	rations
P.O. Box 632		The Centre of Tal	lahassee
Tallahassee.	FL 32314	2415 N. Monroe S Tallahassee, FL 3.	
		rananassee, rt. 5.	4JVJ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	<u>- records.</u>)		
The Articles of Organization for this Limited Liability Company w Florida document number <u> しみののの253340</u> .	vere filed on	18/2020	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designati	on "LLC" or the abbi	reviation "L.I	iC."
Enter new principal offices address, if applicable:			. <u> </u>	
(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 adagent and/or the new registered office address here:	ddress on our records	s, enter the name	of the nev	v registere
			2021	Ø
Name of New Registered Agent:			HAF	77
New Registered Office Address:	Enter Florida str	eet address :	23	;
	Cin	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			1: 2:	<u> </u>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	re to act in this capac performance of my d	ity. I further agr	ee to com	ply with the

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>	Address	Type of Action
MGR	Terry Smeannan	446 McClane Form Rd.	□ Add
	,	446 McClane Form Rd. Washington, PA 15301	ÆRemove
			□ Change
MGR	Andrew Smith	1100 Cozust Ave.	
		Pittsburgh, PA 15236	Remove
			□Add
			Remove
			hange
			Remove
		To the second se	Remove Add Remove Change
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n effecti an effecti	ve date is li	sted, the dat	te must be sp block d	pecific and	f cannot be	prior to dat	e of filing or matatutory filin	ore than 90 d	ays after filing	L) Pursuant	to 605.0 e listed
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			Sign	ature of a	member o	r authorized	representative	of a membe	r'	<u>-</u> ,	
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Filing Fee: \$25.00