120000318292

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T. MATTHEWS NOV 1 8 2021

COVER LETTER

TO: Registration Sec Division of Corp			
CUMIFOT.	17 HOLDING	ited Liability Company	:
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ANNMA	Name of Person	
	η (ε. πο	Firm/Company	
	12515	1 U G /F A D A Address	
		Address	
	RIVIENA	City/State and Zip Code	04
	NEC 21	City/State and Zip Code	<i>t</i>
	E-mail address: (t	to be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	all:	
ANNMALIE	= ALIA	at (<u>91)</u> <u>29 \ - \ /</u> Area Code Daytime	00
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:		Street Address:	
Registration Se Division of Co		Registration Sec Division of Corp	
P.O. Box 6327	•	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR HOLDING LLC	7	11 40% -2 Ly 2. 11
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000318292</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NH	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:	/ A	
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 = Ma $AMBR = Au$	anager athorized Member		= 54 3: 17	
<u>Title</u>	Name	Address	21 100 -5 17 3: 17	Type of Action
MGR	THOMAS A. DEFRESCO	125151	NGER OR RIVIERA D.	MCY ESAdd
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Effect	ive date, if other than the date of filing	g: (optional)
		I cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (neet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of S	
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	and an ariting a dalay ad attacking d	data but ant an officialisa tima at 13.01 a m an the couling of
	90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of:
• • • • • • • • • • • • • • • • • • • •	John day after the record is med.	
	1	2 2 7 /
Dated	NOV Z	member or authorized representative of a member
	<u>ARAMAN</u>	1 KWI
	Signature of a r	member or authorized representative of a member
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