## 121000033541

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## **COVER LETTER**

Registration Section

TO:

Divisio	on of Corp	oorations			
G	lades Prop	erty and Asset Management, I	.LC		
SUBJECT: _	Name of Limited Liability Company				
The enclosed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Aleida Ors Waldman, Esq.			
		·	Name of Person		·
		Aleida Ors Waldman, P.A.			
		<del></del>	Firm/Company		
		19612 SW 69th Place			
			Address		<del></del>
		Fort Lauderdale, FL 33332	2		
		-	City/State and Zip Code		<del></del>
		heather@aowpa.com			
	.•		to be used for future annual r	eport notification)	
For further info	rmation co	incerning this matter, please ca	aii:		
Aleida Ors Waldman, Esq.		954 524 at ()	-1100		
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a cl	heck for the	e following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Ad Registra	Idress: ition Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PH 1:01

Glades Property and Asset Management, 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 January 15, 2021 and assigned
Florida document number L21000033541	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
ARBIPH, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Softer new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BEX POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del> </del>	City Zin 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. I.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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del> \	<u>Ivanie</u>	<u>exourcs</u>	Type of Action
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D. If amending any other in	formation, enter cha	inge(s) here: /Attaci	h additional sheets, if ne	cessary.)
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E. Effective date, if other th	unlika data of filing:	August 22, 2024	(opt	ional)
(If an effective date is listed, the	date must be specific and ca	annot be prior to date of t	iling or more than 90 days aft	er filing.) Pursuant to 605.0207 (3) his date will not be listed as the
document's effective date of	p the Department of Sta	ate's records.	tory timing requirements, tr	ns date will not be fisted as the
		<i>f</i> .	)	
If the record specifies a delayed record is filed.	effective date, but not ar	n effectivejtime, at 12:	01 a.m. on the earlier of:	b) The 90th day after the
		-		/
Dated August /		2024	//	
	(1)	XIII - 1	1/11/	
<del>-   -   -   -   -   -   -   -   -   -  </del>	Signature of a me	chiner drammorized repre	esontative of a member	
Ronald M. Berg	eron, Sr.	• •	/	
		Typed or printed name of	signee	

Filing Fee: \$25.00