Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H210002205283)))



H210002205283ABCW

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To:

Division of Corporations

Fax Number

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From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number : I19990000148 Phone : (813)769-7692

Phone : (813)769-7692 Fax Number : (813)223-6121

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

Email Address: rcalawyerl@gmail.com

ALLAHASET OF STATE 1

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARC GLENLAKES LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H21000220528 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARC GlooLakes LLC			
Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on one records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	03/02/21 and assigned	ed
Florida document number 1.21000102139	, '		
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited liability company	here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C.	19
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
		Fo 8	
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nter new mailing address, if applicable:		A HAR	<u>~1</u>
Mailing address MAY BE A POST OFFICE	BOX)	が	i
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		扇 豆 打	
l. If amending the registered agent and/or		r records, enter the name of the new re	ziste
gent and/or the new registered office addr	ess bere:	; ₉₁	
Name of New Registered Agent:	James Rappaport	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	10485 GLENLAKES BLVD		
VIETT TAX PRINTED AND AND AND AND AND AND AND AND AND AN	Enter F	lorida street address	
	Weeki Wachi	, Fiorida ³⁴⁶¹³	
	City	7.ip 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

Buchanan Ingersoll + Rooney 4125621041

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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

Title	Name	Address	Type of Action
MGR	James Rappaport	PO Box 3668 St. Augustine, Florida 32085	🖬 Add
			🗆 Remove
			Change
			□Add
			□ Remove
			Change 2121 JUH - 3e
			PRemove (T) PC S D D D D D D D D D D D D D D D D D D
			□ Change
		Company to the contract of the	DAdd
			□ Remove
			Change
			□ Add
			□Remove
			□ Change

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ffective date, if other than the date of filing:	g.) Pursuant to 605	i.0207 (3)(and as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T is filed.	he 90th day afte	r the
ated June 3		

Fax Audit No. H21000220528 3

Filing Fee: \$25.00