K21000169113

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COVER LETTER

Division of Con			;	
er S f Cresses services	BILL FLORIDA 123, 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:		
	WILLIAM HONORE			
		Name of Person		
	ARBITER RESOURCE U	NLIMITED LLC		
		Firm/Company		
	P.O. BOX 15733			200
		Address		77
	PLANTATION, FL 33317			2022 FEB 24 5 TONE 18
		City/State and Zip Code		
	HONORE.PROPERTY@C	iMAIL.COM to be used for future annual report notifi		?:
For further information c	concerning this matter, please c		catini)	2: 49
WILLIAM HONORE		954 687-3533		
Name v	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
¥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sect	ion	
Division of C	lorporations	Division of Corp	orations	
P.O. Box 632		The Centre of Ta 2415 N. Monroe		'n
Tallahassee,	E L. D&D 14	2413 IN. MOHTOC	Succe, Suite & D	O.

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BILL FLORIDA 123, 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 Lie Florida document number 1.21000169113	bility Company	were filed on $\frac{04/127}{2}$	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
ARBITER RESOURCE UNLIMITED LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	110 E. BROWARD	BLVD
(Principal office address MUST BE A STREET	^ADDRESS)	Suite 1700	
		Fort Lauderdale, FL	. 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 15733 PLANTATION, FL	33317
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	here:	address on our recor	rds, <u>enter the name of the new registerec</u>
Name of New Registered Agent.		_	
New Registered Office Address:	7901 4TH STR	EET N. SUITE 300	
	Enter Florida street address		
	ST. PETERSBU		, Florida <u>33702</u>
		City	Zip Code

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. Thereby 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Bill Honore		□Add
		1230 Hampton Blvd #332, Boca Raton, FL 33432 UN	₹ ≣Remove
			□Change
President	WILLIAM HONORE	7580 NW 5th STREET #15733, Plantation, FL 33317	7 ≣ Add
			_ □Remove
			□Change
			□Add
		<u> </u>	Remove
		<u></u>	□Change
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			_ □Remove
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			□Add
			□Remove
			[]Clange

(If an e	ive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Datec	February 21. 2022
	Signature of a member or althorized representative of a member

Filing Fee: \$25.00