L21000241890

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	<u></u>
(Cit	sy/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/04/23--01031--027 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: ARC	Florida Home Name of Lin	SLLC nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Robin K	Irrighi Name of Person	······	
	ARC Florie	Ja Homes LLC Firm/Company		
	9000 Glen	akes Blvd.		
	weeki wa	City/State and Zip Code		
	E-muil address:	to be used for future annual report noti	fication)	
For further information co	ncerning this matter, please c	all:	202	_
Robin Name of	righ, Person	at (352) 597 - C Area Code Daytim	2000 ETelephone Number	:] :
Enclosed is a check for the	following amount:		PH 2:	
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	(7

Mailing Address:
Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARC Florida Home (Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar. Florida document number <u>L 21000 241 890</u> .	by were filed on $5/34/21$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	9000 Glenlakes Blvd.			
(Principal office address MUST BE A STREET ADDRESS)	weeki wachee FL 34613			
Enter new mailing address, if applicable:	9000 Glenlakes Blvd.			
(Mailing address MAY BE A POST OFFICE BOX)	Weeki wachee FL 34613			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent: Robin	Arrighi			
New Registered Office Address: 9000 G	Enter Florida street address			
week	Wachee Florida 34613 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mGK	Charles Carter	12644 Pine Arbor Dr. Clearmont FL34711	□Add
			ØRemove
			Change
mGR	Robin Acrigh	9000 Glenlakes Blvd. Weeki Wachee FL 34613	DAdd
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			CChange
			Remove:
			Change
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cord specifies a delaye	d effective date, but	not an effective time,	at 12:01 a.m. on the	earlier of: (b) Th	רדו e 90th day aft!	er the
is filed.		\wedge				
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ted <u>Dec. e.v</u>	NBW I	- Kull	- M 0	V-		

Filing Fee: \$25.00