12100035821

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COVER LETTER

TO: Registration Sec Division of Corp			•	,
SUBJECT: Arro	whead Paint	CFS Anol Mo	ore LLC	
The enclosed Articles of A	mendment and fee(s) are subm	mitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Jarod	Alexander Name of Person	Whiddon	<u> </u>
	ARROWHEAD PAT	INTERS AND MI Firm/Company	ORE LLC	
	10525 HOSP	ORD HWY Address		,
	QUINCY, FL	3235[City/State and Zip Code	 .	
	Jaywhieldo E-mail address: (t	n 15 @ amai	I. Com. I report notification)	
For further information co	ncerning this matter, please ca	all:		
Tarcal Whi	iddon Person	at (<u>850</u>) Area Code	879-089 Daytime Telepho	5 one Number
	C.11			
Enclosed is a check for th	_			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Arrowhead Printer	ty Company as it now appears on a Limited Liability Company)	C.	
The Articles of Organization for this Limited Liability C Florida document number <u>L2100035821</u>	Company were filed on \(\frac{\infty}{2} \)	22/2022 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Arrowhood Construction (The new name must be distinguishable and contain the words "Limitation").	and Managemen	t LLC ation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		<u> </u>
	<u></u>		; ;
		· · ·	-
Enter new mailing address, if applicable:		<i>℃</i>	:
(Mailing address MAY BE A POST OFFICE BOX)	**************************************		;
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of the new r</u>	<u>registered</u>
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida si	reet address	
		, Florida	
	Cuy	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Λ.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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an ene ote:	we date, if other than the date of filing: D4 115 12022 (optional) serive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	I 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 decident of the earlier of the
is fil	
record d is fil oated	Signature of a member or authorized representative of a member Tarcd Whiddon

Filing Fee: \$25.00