

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003960193)))



H220003960193ABC%

			ECHELA
To:	Division of Corporations Fax Number : (850)617-6383		55 <b>-</b>
From:	Account Name : REGISTERED AGEN Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	ITS INC.	AMII: 15 OF STATE SSEE, FL
16	the email address for this busine noual report mailings. Enter only omail Address:	one email address ple	ase.**
	LLC AMND/RESTATE/CORRE ARPCO LI		GN
· 	Certificate of Status	0	]
		0	
	WILL 194 (11 16*f   L. [11 1 V		
	Certified Copy Page Count	04	
	Page Count Estimated Charge	\$25.00	BRUMBLEY 2022

Corporate Filing Menu

Electronic Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arpco LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company (Florida document number L22000374280	were filed on <u>08/25/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	address on our records enter th	AHAS SEE FULL S
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	ic haine of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	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 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>	Address	Type of Action
AMBR	Rosalind Joan Arp	613 NEWPORT AVE	<b>⊠</b> Add
		ALTAMONTE SPG, FL 32701	□Remove
			□ Change
			□Remove
			□Add
			□Remove
			□Change
		1.1.1	🗆 Adđ
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	_
	_
	_
	<del>.</del>
	_
	_
	_
	_
	<del></del>
	<del></del>
	<del></del>
	_
	<del></del>
Effective date, if other than the date of filing:  (If an effective 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 6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	505.0207 (3 isted as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a cord is filed.	fter the
Dated November 21 , 2022 .	
Dated November 21 . 2022 . Signature of a member or authorized representative of a member	
Morgan Noble  Typed or printed name of signee	•