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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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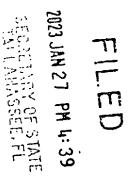
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3/29/23 V.W.



COVER LETTER

Registration Section TO: **Division of Corporations**

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:	
	CANDICE ARLINE		
		Name of Person	
		Firm/Company	
	1810 BERTHA ST APT 34	43	
		Address	
	JACKSONVILLE, FL 322	07	
		City/State and Zip Code	
	CANDICEARLINE@GMA	AL.COM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
CANDICE ARLINE		229 205-4177 at ()	_
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailino Addres	···	Street Address:	

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARLINE ESTATES AND PROPERTY MANAGEMENT LIMITED LIABILITY COMPANY

(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 Liability Compa	ny were tiled on $\frac{10/17/20}{}$	22 and assigned
Florida document number 400396-156594 \[\]	-22000451	868
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
ARLINE ESTATES AND PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 JAN TI
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		2 7
Enter new mailing address, if applicable:		ASS T
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining address BIAT BE AT 031 OF FICE BOX)		FIX 3
		m
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
N Dania and Office Address		
New Registered Office Address:	Enter Florida str	vet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ge performance of my d is provided for in Chapi	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
	**		
			□Remove
		<u> </u>	Change
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ective date, if other than the effective date is fisted, the date must	be specific and cannot be	prior to date of fili	ng or more than 90 d	ays after filing.) Pursua	int to 605.0.
e: If the date inserted in this bloument's effective date on the De	ock does not meet the a	pplicable statuto	ry filing comir emo	mts, this date will no	it be listed
cord specifies a delayed effective	e date, but not an effect	ive time, at 12:0	La.m. on the earlie	er of: (b) The 90th	day after t
filed.					
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Chau for	Signature of a member of	r authorized repres	entative of a membe	г	 ;