

L23 000292359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

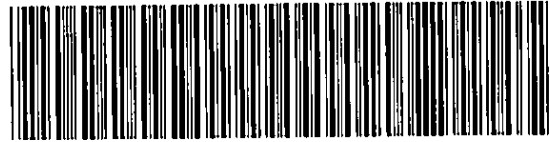
(Business Entity Name)

(Document Number)

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2023 JUN 28 PM 3:41

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2023 JUN 28 PM 12:23

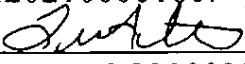
RECEIVED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

JUN 29 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: \$25.00

Authorization Signature: 

ArrowMaker Holdings, LLC. L23000292359

Business DOC#

 Certified Copy

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 Limited Liability
 Domestication
 CORP
 LLLP

OTHER FILINGS

 Trademark
 Annual Report
 Fictitious Name
 APOSTILL
COUNTRY

AMENDMENTS

 X Amendment
 Resignation of R.A. or member
 Dissolution
 Change of Registered Agent
 Conversion
 Amended and restated Articles
 Statement of Revocation

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other
 Oceans International LLC

EXAMINER'S INITIALS:

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____ Resignation of R.A. or member
____ Dissolution
____ Change of Registered Agent

____ **Conversion**
____ **Amended and restated Articles**
____ **Statement of Revocation**

REGISTRATION/QUALIFICATIONS

____ Foreign filing
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____ Other
____ Oceans International LLC

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ArrowMaker Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Fletcher

Name of Person

ArrowMaker Holdings LLC

Firm/Company

5756 Lake Poinsett Rd.

Address

Cocoa, Florida 32926

City/State and Zip Code

Fletch@allcoastcanvas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Fletcher

Name of Person

at (321) 989-8943

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

ArrowMaker Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUN 28 PM 3:14

The Articles of Organization for this Limited Liability Company were filed on June 16th 2023 and assigned
Florida document number L23000292359

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 605.0207 (3)(b)

If 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 after the record is filed.

06/27/23

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee

Filing Fee: \$25.00