L24000009787

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COVER LETTER

Tallahassee, FL 32314

TO:	Registration So Division of Cor					
e115.11	row.	Archlight Group, LLC				
SUBJI	ECT:	Name of Lim	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Vanessa Ruark				
			Name of Person			
		Arclight Group	o, LLC			
			Firm/Company			
		25 W. Avery St	ı			
		Address Pensacola, FL 32501				
			City/State and Zip Code	 		
		accounting@nof.				
			to be used for future annual report no	tification)		
For fur	rther information c	concerning this matter, please c	all:			
	Vanessa Ruar	rk	850 434-8600 at ()			
	Name o	f Person		me Telephone Number		
Enclos	ed is a check for the	he following amount:				
■ \$2	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 Addres		Street Address:	aatian		
	Registration : Division of C		Registration S Division of Co			
Division of Corporat P.O. Box 6327		-	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOWN AMILES Archlight Group, LLC (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 Company were filed on January 3, 2024 and assign Florida document number _____L2400009787 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Arclight Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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(If an effective date is listed, the date must be	January 3, 2024 (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2024
January 25	
Dated January 25 Linday	ynature of a member or authorized representative of a member