L24000032867

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COVER LETTER

Registration Section

TO:

Divis	ion of Cor	porations		
0.10.10.00	ARCPE C	CLEANING ACCOUNT LLC		
SORTECT: -		Name of Lim	ited Liability Company	
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ili correspo	ndence concerning this matter	to the following:	
		JOHN OLSEN		
			Name of Person	
		ARCPE		
			Firm/Company	
		1900 SUNSET HARBOU	IR DRIVE, ANNEX 2ND FL	r filing. Ilowing: me of Person mate and Person E, ANNEX 2ND FL Address ate and Zip Code If for future annual report notification) t (305
			Address	
		MIAMI BEACH, FL 331		
		ADMINISTRATION@ARG	City/State and Zip Code	
			to be used for future annual report not	ification)
For further inf	ormation c	oncerning this matter, please ca	all:	
JOHN OL	SEN		305 \ 438-410	0
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Reg Divi P.O.	Box 632	Section orporations	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

24 JAN 25 44 8:56

ARCPE CLEANING ACCOUNT LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberL24000032867	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
ARCPE CLEARING ACCOUNT LLC	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here	ed office address on our records, <u>enter the name of the new register</u> :
Name of New Registered Agent:	
New Devictored Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address . Florida

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
			□Remove
			Change
	- 		
			□Remove
			□Change
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Note: If	e date, if other than the tive date is listed, the date in fithe date in this it's effective date on the	block does not i	meet the applicat	date of filing or mor ole statutory filing	(option te than 90 days after f requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
record: d is filed		tive date, but no	t an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Dated	JANUARY 24			- ·		
		1				
		Signature of a	member or author	ized representative o	f a member	

Filing Fee: \$25.00