L24000320651

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERT LANGLEY		
		Name of Person	
	ARC DWG ATLANTIC L	LC	
		Firm/Company	
	10750 ATLANTIC BLVD	STE 10	
		Address	
	JACKSONVILLE FL 322	10	
		City/State and Zip Code	
	ROB@HOSPITALITYBRO	OS.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
ROBERT LANGLEY		804 921-5409	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration S Division of C P.O. Box 632 Tallahassec, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ly Company as it now appears on our record Limited Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L24000320651	Company were filed on 7/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	<u> </u>	: 1 73
(Mailing address MAY BE A POST OFFICE BOX)		; -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	y.s
		orida
	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>	<u>Address</u>	Type of Action
AMBR	BURTON CAPITAL LLC	124 ANNAPOLIS LN	■Add
		PONTE VEDRA BEACH FL 32082	□Remove
			□Change
AMBR THEATRE PARTNERS LLC	12000 BEACH BLVD	≣ Add	
	JACKSONVILLE FL 32246	□Remove	

			□Add
			[]Remove
			Change
		□Add	
			□Remove
			□ Change
		□Add	
			Remove
			□Add
			□Remove

- -	
	
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(If an effective date is listed,	r than the date of filing: (optional) 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)
	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
he record specifies a delay ord is filed.	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCT 15	2024
Dated	>1 .
	A L
	Signature of a member or authorized representative of a member
ROBERT LA	ANGLEY
	Typed or printed name of signee