L10000048758

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	∍ #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Division of C	Section Corporations		
ARL Bu	siness Services LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	Rodolfo Aponte		
		Name of Person	
ž		Firm/Company	
	5440 NW 107 Ave Apt 20	03	
		Address	
	Doral FL 33178		
		City/State and Zip Code	
	rodolfo.flrealtor@yahoo.co		
	E-mail address: ((to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Rodolfo Aponte		at () Area Code Daytime	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50.00 Status & Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUN 30 PM 12: 50

SECRETARY OF STATE JALLAHASSEE, FLORIDA

ARL Business Services 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	and assigned
Florida document number L10000048758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Rodolfo Aponte Akie LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our record ress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	SS
	FI	lorida
	City	oridaZip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confections of the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, a gent as provided for in Chapter 605, ed office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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	25	: 50	
Effective date, if other than the date of filing: (optional) (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	<u> </u>		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be liste	.0207 (3 ed as th	3)(b 1e
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.) The 90th day after the record is filed.	on the earlie	er of:	
Dated			
Dated 6/24/2015			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00