

L17000056647

From 8665841951 1.866.584.1951 Mon Oct 9 14:18:48 2017 MDT Page 2 of 5

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000264914 3)))



H170002649143*BC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ARVEN CONSULTING LLC
Account Number : 120170000073
Phone : (954) 552-4644
Fax Number : (954) 552-4644

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -9 AM 8:26

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARVEN CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

[Handwritten signature]
10/10/17

2017 OCT -9 PM 4:47

TALLAHASSEE, FLORIDA

This fax was sent using

www.FaxBurner.com



FACSIMILE TRANSMITTAL

To:	Fax: 8506176383
From: Csaba Ruzsnyak	Fax: 8665841951
Pages: 5 (Including cover page)	Date: October 09, 2017 3:18PM CST
Re:	

22

To get your own free fax number and to send faxes with your phone, visit us at www.faxburner.com

Reference #: 274195167

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARVEN CONSULTING 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 04/18/2017 and assigned Florida document number L1700C086647.

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)

7027 W BROWARD BLVD
APT 284
PLANTATION, FL - 33317

FILED
17 OCT -9 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>	<u>Type of Action</u>
AMBR	CSABA LASZLO RUSZNYAK	3030 N. ROCKY POINT DR	<input checked="" type="checkbox"/> Add
		STE 150	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 OCT -9 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

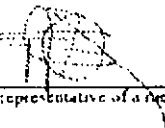
FILED

E. 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.) Pursuant to 605.0207 (4)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 9, 2017



Signature of a member or authorized representative of a member

CSABA LASZLO RUSZNYAK

Typed or printed name of signer