117000/30618

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
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SUBJECT	ARARAT	EXP LLC			
SUBJECT	•	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
redac reta	an evitein	GEORGE C DAHL	a. ne iono mig.		
		SECRET OF DATE	Name of Person	417	
			Firm/Company		
		13920 LANDSTAR BVL	D # 61		هست وريستن
			Address		16 J
		ORLANDO, FL. 32824			FILE AUG 27 AIIIASSI
			City/State and Zip Code		111
		RGBOOKKEEPING@ AC	OL.COM to be used for future annual report notif	lication)	
For further	information c	concerning this matter, please ex	•		PN 6: 48 E. FLORIDA
GEORGE	C DAHL		407 309- 0467		-
	Name o	of Person	· · · · · · · · · · · · · · · · · · ·	e Telephone Number	
Enclosed is	s a check for t	he following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
		JNG ADDRESS:	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARARAT EXPLLC				
(Name of the Limite	d Liability Comps A Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lin Florida document number L 17000130618	ability Company	were filed on 06/1	12/2017	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	874 ASSEMBLY	/ CT	
(Principal office address MUST BE A STREE	T ADDRESS)	REUNION FL 34	4747	5 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		, , , , , ,	LED 6 27 PN 6: 48 1ASSEE, PLORIDA
B. If amending the registered agent and/or the new registered off			our records, <u>en</u> t	ter the name of the ne
Name of New Registered Agent:	GEORGE C	DAHL		
New Registered Office Address:	13920 LANDS	STAR BLVD # 61		
		Enter Floria	la street address	
	ORLANDO		, Florida	32824
		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>	Address	Type of Action
MGR	Christian David Dell 'ollio	13371 Glacier National dr APT	⊜ Add
		Orlando, Fl. 32837	Remove
			Change
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ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable statutory fili	ng requirements, this date will not be listed
nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	time, at $12:01$ a.m. on the earlier
he 90th day after the record is filed.	
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o8/22/2018 ed	
2 - M	
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Signature of a member or authorized representative	a at a mambar

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Filing Fee: \$25.00