Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333

Fax Number : (954)389-1397

annual report mailings! Enter only one email address please. **

**Enter the email address for this business entity to be used for future

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARIMAT HOLDINGS, LLC

Certificate of Status	0
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Page Count	05
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D SCOTT

JUN - 4 2019

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Co			
	HOLDINGS, LLC		
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submit	ned for filing.	
Please return all corres	pondence concerning this matter to t	the following:	
	DANIELLA SANTANA		ب "ب
	SALVER & COOK 1.LP	Name of Person	-
	2721 EXECUTIVE PARK D	Firm/Cumpony R STE 4	₹ .: ~
	WESTON, FL 33331	Address	دء
	D.SANTANA@PSCCPAS.CC		
		be used for future annual report notification)	
DANIELLA SANTA	n concerning this matter, please coli	954 3591333	
	ne of Parson	at (
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations J. Box 6327 lahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ARIMAT HOLDINGS, LLC	
(Name of the Limited Liable (A Flori	lity Company as It now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L18000070501	Company were filed on 03/19/2018 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lit	nited liability company here:
	10 m t em abanda 1921 CP
The new name must be distinguishable and contain the wordy "L	mited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Princinal office address MUST BE A STREET ADD	ORESS)
The state of the s	,> · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Arent:	sistered office address on our records, enter the name of the new ldress here:
New Registered Office Address:	
	Enter Florida street address
	, Florids
New Registered Agent's Signature, if changing Register	·
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent Page 1 of 3

If amending Authorized Person(s) authorized to ma	inage, enter the title, name, and address of each person be	ing added
or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAUL SALVER	2721 EXECUTIVE PARK DR.,	
		CLITTE (
		SUITE 4	☐ Remove
		WESTON, FL 33331	
			■ Change
	LUCA BIANCONI	2721 EXECUTIVE PARK DR	
MGR			DbA ■
		SUITE 4	3
			Remove
		WESTON, FL 33331	Change
			حر ً Add □
			Remove కప
			Change
			□ Remove
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		_	
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			□ Change
			_
			Add
			Change

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. It amending any other intormation, enter	change(s) here: (Anach abattumat sneets, y	necessary.
		
	<u> </u>	;
		:3
Effective date, if other than the date of fi (If m effective date is listed, the date inust be specific Note: If the date inserted in this block does n document's effective date on the Department	and cannot be prior to date of filing or more than 90 day of them the applicable statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (3) s, this date will not be listed as the
the record specifies a delayed effectiv) The 90th day after the record is file	e date, but not an effective time, at 12:	01 a.m. on the earlier of:
Dated TUNE 03	2019	
-//	<u> </u>	
Signature c	f a number of authorized representative of a member	,
PAUL SALVER		
	Typed or printed name of signor	
	$\{\}$	
	Page 3 of 3	
	Filing Fee: \$25.00	