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## **COVER LETTER**

	Registration Se Division of Cor			
	Arquatrini l	LJ.C		
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	_	
		Fernando Valeiras		
			Name of Person	
		Arquatrini LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2155 Khasia Pt		
			Address	
		Naples, Florida, 34119		
			City/State and Zip Code	
		ferva1914@gmail.com	to be used for future annual repor	L politication (
For furthe	r information c	oncerning this matter, please c		and the state of t
Fernando	Valeiras		954 6085309 at ()_	)
	Name o	f Person	Area Code Da	lytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				2021
П Р	<b>Mailing Addres</b> Registration Solvision of Co. O. Box 632 allahassee, I	Section forporations 7	The Centre	<u>s:</u>
•			Tallahassee	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arquatrini LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000207833</u> .	y were filed on 08/1	4/2019	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>2</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the abbr	eviation "L.I.	.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)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the name</u>	of the new	<u>registe</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floride	i street address		<del></del>
		, Florida		05
	City		<b>Zi</b> ∯ Code	٠.,٠
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		APR	i
hereby accept the appointment as registered agent and agrows or all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office and the complete the control of the co	e performance of m provided for in Ch	y duties, and I am fan apter 605. F.S. Or, if	210 comply Miar with Uis docim	and ent is
company has been notified in writing of this change.		Ç	 ?	

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	Fernando Valeiras	2155 Khasia PT, Naples, FL, 34119	= Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
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		<u>.</u>	Remove
		<del></del>	D Change
			. 53 □ Add

\_\_\_\_\_ □Remove

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