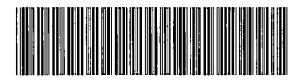


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## **COVER LETTER**

	of Corporations
	arveto, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
	correspondence concerning this matter to the following:
	Richard Carey
	Name of Person
	Carey law Group, PA
	Firm/Company
	1801 Indian Rd, Ste 103
	Address West Palm Beach, FL 33409
	City/State and Zip Code richard@reareylaw.com
	E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
Richard Carey	561 247-1266 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chee	ck for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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



2019 ( T 24 FN 3:51

RJARVELO, 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 Co	ompany were filed on 8/19/2019	and assigned
Florida document number L19000211260		
This amendment is submitted to amend the following:		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address Florida	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered		Zip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of all statutes relative to the proper and confidence of the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F	l I am familiar with and S.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maximo Arvelo	5500 NW 49TH AVENUE	<b>5</b>
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effecti <u>et</u> If	date, if other than the date of filing:	i.02 ed
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	er
:d	0 dobr 9 2019.	
	//	
	Signature of a member or authorized representative of a member  Roserio Arrelo	

Page 3 of 3

Filing Fee: \$25.00