

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2100041581

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(((H22000360357 3)))



H220003603573ABC

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

From: Account Name : ARIMIR SERVICES GROUP LLC
 Account Number : I20200000022
 Phone : (305)298-6579
 Fax Number : (305)643-5225

2022 OCT 20 PM 2:13
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: deyanee@myburs.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
L'AMICIZIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. BRUMBLEY

OCT 20 2022

H22000360357

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L'AMICIZIA 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 09/16/2021 and assigned Florida document number L21000411581

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)

360 HUGUENOT ST APT #1805
NEW ROCHELLE, NY 10801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

360 HUGUENOT ST APT #1805
NSW ROCHELLE, NY 10801

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TALLAHASSEE, FL

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

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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>
MGR	ETHAN KAVY	360 HUGUENOT ST APT #1805	<input checked="" type="checkbox"/> Add
		NEW ROCHELLE, NY 10801	<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
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