

h21 000467590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

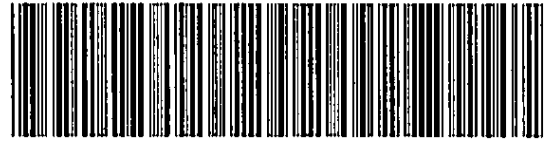
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22 SEP 13 PM 4:32
DIVISION OF STATE REGISTRATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARYOLA Electronics LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Birgit Elfinger

Name of Person

Davis & Associates CPA's

Firm/Company

400 5th Ave S, Suite 301

Address

Naples, FL 34102

City/State and Zip Code

belfinger@johndaviscpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Birgit Elfinger

239

775-8588

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP 13 PM 4:32

RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARYOLA Electronics 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 10/27/2021 and assigned
Florida document number L21000467590.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Stephen Minosky, CPA

New Registered Office Address:

400 5th Ave S, Suite 301

Enter Florida street address

Naples

Florida 34102

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kunz, Andreas	3376 Atlantic Circle	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Westover, Stacey	4850 Tamiami Trail N, Ste 301	<input checked="" type="checkbox"/> Add
		Naples, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hunold, Christopher	4850 Tamiami Trail N, Ste 301	<input type="checkbox"/> Add
		Naples, FL 34103	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 13 04:32
STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

22 SEP 13 PM 4: 32

22 SEP 13 PM 4:32

Division of University

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

9	10	22
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Signature of a member or authorized representative of a member

Christopher Hunold

Typed or printed name of signee