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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 : (305)298-6579 Fax Number : (305)643-5225

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMLE COMMERCIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$25.00

T. LEMIEUX

P. 002

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMLE COMMERCIAL LLC				
(Name of the Lin	nited Liability Company s (A Florida Limited Liab	s it now appears on our records lity Company)	<u>i.</u>)	_
The Articles of Organization for this Limited Florida document number L22000258997	Liability Company we	re filed on <u>06/06/2022</u>	and	assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability	company here:		
The new name must be distinguishable and contain the		Company," the designation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or:	registered office addr	ess on our records, enter the	he name of the	new registered
agent and/or the new registered office addre	ess here:		12.00 12.00	• ,
				. ,
Name of New Registered Agent:	Lissette Almonte		165 167 E	,
New Registered Office Address:	6010 NW 99TH AV		S F	- in
		Enter Florida street address	모르	
	DORAL	, Flor	ida33178	
		Zitv	Zip Coo	e

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 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>	Name	Address	Type of Action
MGRM	Antonio Anibal Almonte Inca	6010 NW 99TH Ave Unit 105	≣ Add
		Doral, FL 33178	□Remove
			Change
MGRM	Magalys Estevez	6010 NW 99TH Ave Unitr 105	_ ≣ Add
		Doral, FL 33178	□Remove
MGRM	Estefany Almonte	6010 NW 99TH Ave Unit 105	■ Add
		Doral, FL 33178	□ Remove
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			☐Add ·
			□ Remove
			□ Change

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ote: If the date inserted in the	is block does not mi	eet the applicable.	statutory filing requi	rements, this date will	not be listed as
saument's effective date on th	e Department of 30	ate s records.			
ocument's effective date on th					
record specifies a delayed effer is filed.	ctive date, but not a	an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
record specifies a delayed effer is filed.	ctive date, but not a		t 12:01 a.m. on the ϵ	arlier of: (b) The 90	th day after the
record specifies a delayed effe	ctive date, but not a	an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
record specifies a delayed effer is filed.	ctive date, but not a		t 12:01 a.m. on the e	arlier of: (b) The 90	th day after the
record specifies a delayed effer is filed.	Linette	2022 	t 12:01 a.m. on the e		th day after the