

20/12/22, 5:34

Division of Corporations

L22 000345572
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TU OFICINA EN USA LLC
Account Number : I20220000184
Phone : (239)494-0057
Fax Number : (239)913-6599

FILED
2022 DEC 20 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: tuoficinaenusa@gmail.com

2022 Dec 20 11:26

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARD INVESTMENT LLC

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C. BRUMBLEY

DEC 21 2022

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARD INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 20 PM 4:01

FILED

The Articles of Organization for this Limited Liability Company were filed on 08/05/2022 and assigned
Florida document number 1.22000345572.

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:

3181 NORTH BAY VILLAGE CT SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

BONITA SPRINGS FLORIDA ZIP CODE 34135

Enter new mailing address, if applicable:

3181 NORTH BAY VILLAGE CT SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

BONITA SPRINGS FLORIDA ZIP CODE 34135

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:

TU OFICINA EN USA LLC

New Registered Office Address:

28715 ALESSANDRIA CIRCLE

Enter Florida street address

BONITA SPRINGS

City

Florida 34135

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>
AMBR	DINO DI IANNI	28715 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID NOHRA ZAKIA	28715 ALESSANDRIA CIRCLE	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

