

K21 000 165755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

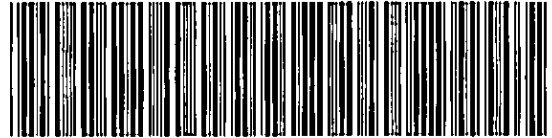
(Business Entity Name)

(Document Number)

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S-STATE  
TALLAHASSEE, FL

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*[Handwritten signature]*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Catalina Realty 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:

LEXIE RIVERS

\_\_\_\_\_  
Name of Person

PRIME CORPORATE SERVICES

\_\_\_\_\_  
Firm/Company

12226 S 1000 E STE 3

\_\_\_\_\_  
Address

DRAPER, UT 84020

\_\_\_\_\_  
City/State and Zip Code

lexie@primecorporateservices.com

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

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CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

LEXIE RIVERS

855

577-4639

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CATALINA REALTY 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 04/09/2021 and assigned  
Florida document number L21000165758.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Arles Realty, LLC

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)

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CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF ALACHUA  
FLORIDA

**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:**

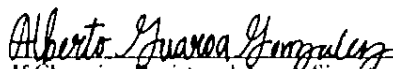
Name of New Registered Agent: Alberto Guaroa Gonzalez

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

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	Alberto Guaroa Gonzalez	1242 North Fairway Drive	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Catalina Gonzalez	1242 North Fairway Drive	<input type="checkbox"/> Add
		Apopka, FL 32712	<input checked="" 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

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OFFICE OF STATE  
ATTORNEY, SEB, FL

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2021 APR 30 PM 2:04  
CLERK OF DISTRICT COURT  
JAIL HOUSE, SEB, FL

**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 4/20, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee