

L12000100466

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H210002470183)))



H210002470183ABCZ

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To:

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

From:

Account Name : JORLUI SERVICE LLC  
Account Number : I20200000200  
Phone : (786)499-0051  
Fax Number : (786)542-0922

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

Email Address: servicedory@gmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 23 PM 2:58

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARLEN HOUSE EAST 312 LLC

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6/24/21

**COVER LETTER**

(H21000247018)

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARLEN HOUSE EAST 312 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:

CARLOS J FULLONE

Name of Person

Firm/Company

7815 SW 24 ST STE 107

Address

MIAMI, FL 33155

City/State and Zip Code

servicedory@gmail.com

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

For further information concerning this matter, please call:

CARLOS J FULLONE

786 542 - 0922

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 &  
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(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 Address:**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(H21000247018)

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

(H21000247018)

ARLEN HOUSE EAST 312 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 8/6/2012 and assigned  
Florida document number L12000100466.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7815 SW 24 ST STE 107

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33155

Enter new mailing address, if applicable:

7815 SW 24 ST STE 107

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33155

**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:

N/A

New Registered Office Address:

7815 SW 24 ST STE 107

Enter Florida street address

MIAMI

City

Florida

33155

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

(H21000247018)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (H21000247018)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS J FULLONE	13611 S DIXIE HWY	<input type="checkbox"/> Add
		109-412	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33176	<input type="checkbox"/> Change
MGR	ENZO E FULLONE	13611 S DIXIE HWY	<input type="checkbox"/> Add
		109-412	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33176	<input type="checkbox"/> Change
MGR	CARLOS J FULLONE	7815 SW 24 ST STE 107	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENZO E FULLONE	7815 SW 24 ST STE 107	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<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
			<input type="checkbox"/> Change

(H21000247018)

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

סחמל

2021 JUN 23 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 23, 2021

Signature of a member or authorized representative of a member

CARLOS J FULLONE -MGR

Typed or printed name of signee

(H21000247018)