# K21000165758

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## **COVER LETTER**

то:	Registration Se Division of Cor						
C1:D1C/	Arles Realt						
SUBJE	UI:	Name of Lim	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		LEXIE RIVERS					
			Name of Person				
PRIME CORPORATE SERVICES							
Firm/Company							
		5250 S Commerce Dr Ste I	200				
			Address	<del></del>			
		Murray, UT 84107					
			City/State and Zip Code				
		eitmgroup@gmail.com					
		E-mail address: (1	to be used for future annual report notific	cation)			
For furth	ner information c	oncerning this matter, please ca	all:				
LEXIE	RIVERS		855 577-4639				
	Name o	f Person	Area Code Daytime	Felephone Number			
Enclosed	d is a check for th	ne following amount:					
<b>■</b> \$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:

TO:

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

Arles Realty, LLC			
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u> )
(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 1.21000165758  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 "LLC".  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)  Drlando, FL 32819  S401 S. Kirkman Road Ste 310  Orlando, FL 32819  Orlando, FL 32819  This amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:			
This amendment is submitted to amend the follo	Liability Company were filed on 04/09/2021 and assigned  llowing:  of the limited liability company here:  words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  icable: 5401 S. Kirkman Road Ste 310  Orlando, Fl. 32819  5401 S. Kirkman Road Ste 310  Orlando, Fl. 32819  Orlando, Fl. 32819  Jane 10 10 10 10 10 10 10 10 10 10 10 10 10		
A. If amending name, enter the new name of	the <u>limited liab</u>	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	5401 S. Kirkman Road Ste 310	)
• • •		Orlando, F1. 32819	2021
•	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  ricles of Organization for this Limited Liability Company were filed on 04/09/2021 and ass a document number 121000165758  mendment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Lonew principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  Tolando, Fl. 32819  Tolando, Fl. 32819	)	
registered agent and/or the new registered off			s, enter the name of the r
	ailing address, if applicable:  ress MAY BE A POST OFFICE BOX)  Orlando, FL 32819  ding the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here:		
inew ineglistered Office Address;		Enter Florida street addres	S
	Orlando	, Flo	orida <u>32819</u>
		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>	Address	Type of Action
AMBR	Alberto Guaroa Gonzalez	5401 S. Kirkman Road Ste 310	
		Orlando, Fl. 32819	Remove
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(b) The	1.20		2021					
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