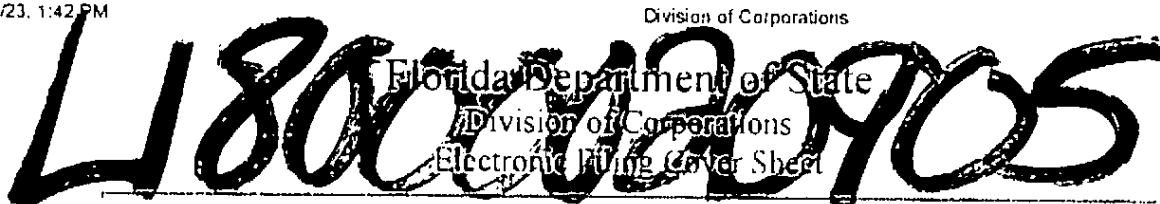


11/27/23, 1:42 PM

Division of Corporations



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000405018 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : PLATINUM TAX FILING INC  
Account Number : I20230000076  
Phone : (305)644-9144  
Fax Number : (305)489-5914

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARETINA LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

To:

Page: 3 of 6

2023-11-27 19:52:10 GMT

13054895914

From: Aslan Tax Services Platinum Tax Filing

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **ARETINA 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:

**IRMA SERNA**

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

**PLATINUM TAX FILING INC**

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

**1770 W FLAGLER ST SUITE 5**

\_\_\_\_\_  
Address

**MIAMI, FL 33135**

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

**IRMA@ASLANTAXSERVICE.COM**

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

For further information concerning this matter, please call:

**IRMA SERNA**

**305**

**644-9144**

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 32304-6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
1000 N. G St.  
Tallahassee, FL 32304

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARETINA 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 01/23/2018 and assigned  
Florida document number L18000020905.

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:

18090 COLLINS AVE

**(Principal office address MUST BE A STREET ADDRESS)**

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*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



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

AMENDING ARTICLE III, ANY AND ALL LAWFUL BUSINESS

CHANGED FOR: ALL PURPOSE

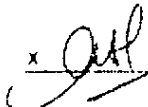
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 27 November, 2023

x 

Signature of a member or authorized representative of a member

MARIA S. TEROL

Typed or printed name of signer