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(D) I A No way
(Requestor's Name)
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SECRETARY OF STATE

COVER LETTER

	gistration Sec vision of Corp						
erib rece	Aragon Buil						
SUBJECT	Name of Limited Liability Company						
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	rn all correspor	idence concerning this matter	to the following:				
		John Barrett					
			Name of Person	-			
Aragon Builders LLC							
Firm#Company 2634 n.w. 26th Circle							
			Address	.			
		City/State and Zip Code Boca Raton Fl. 33431 E-mail address: (to be used for future annual report notification)					
For further	information co	n-mail address; o		icaton			
John Barre	11		at () 860-1325 Area Code Daytime				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	e 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)			

MAHANG 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

npany as it now appears on our records.) ed Liability Company)
any were filed on 08/28/2000 and assigned
iability company here:
ability Company," the designation "LLC" or the abbreviation "L.L.C."
2634 n.w. 26th circle Boca Raton Fl. 33431
office address on our records, enter the name of the nonere:
ZUIB HAY
Enter Florida street address Florida City Enter Florida street address Florida Zip Codi?
nt:
<u> </u>

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	Karen Pamlanye	2634 n.w. 26th circle Boca Raton F	■ Add
			Remove
			Change
		- 	
			🗆 Remove
			Change
			□ Add
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			□ Add
		-112-1-11	□ Remove
			Change
			Remove
			Change

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	A. C.
	AHAS
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fective date, if other than the date of filing:	(ontional)
n effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory featment's effective date on the Department of State's records.	filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
05/15/2018 ited	
ted	
1 22 - 4 2	al Blar Tunge Poes. MBR

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee