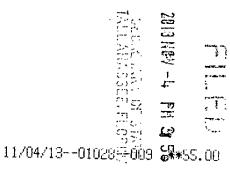
# 

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u>,</u>
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	NOV = 6 2013	
	A. LUNT	

Office Use Only





## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT

GUENNI HOLDINGS, 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:

## DANIEL GUENNI

Name of Person

# GUENNI HOLDINGS, LLC

Firm/Company

## 7715 NW 46TH STREET # 8A

Address

# MIAMI, FLORIDA 33166

City/State and Zip Code

### admin@arissmedical.com

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

For further information concerning this matter, please call:

## Ruben Alcalde

<sub>(</sub>305<sub>)</sub>5002825

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

#### GUENNI HOLDINGS, 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 03/21/2013 Florida document number L04000023963 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7715 NW 46TH STREET # 8A Enter new principal offices address, if applicable: MIAMI, FL 33166 (Principal office address MUST BE A STREET ADDRESS) 7715 NW 46TH STREET # 8A Enter new mailing address, if applicable: MIAMI, FL 33166 (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

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGR** 3330 NE, 190TH ST. UNIT 915 **GUENNI BEJAR, DANIEL** AVENTURA, FL 33180 Remove Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)		
ated	Signature of a member or authorized representative of a member GUENNI CHACON, DANIEL		_	
	Typed or printed name of signee		_ ≥	
	Page 3 of 3	<u> </u>	2013 F	
	Filing Fee: \$25.00	ARASSES, RUSA	##¥ -4 PH 3₹5	S to the second