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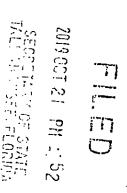
(Requ	iestor's Name)
(Addr	ess)	
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(City/	State/Zip/Phor	 ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	ime)
(Docu	ument Numbei	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

Divisio	on of Corpo	orations			
A SUBJECT:	RVZ LLC				
30b/LC1		Name of Lim	ited Liability Company		_
The enclosed A	rticles of A	mendment and fee(s) are sub	muted for filing.		
Please return al	Leoriespone	lence concerning this matter	to the following:		
		Marcelo Barniquel			
			Name of Person		
		ARVZ LLC			
			Firm/Company		
		335 NW 128th Ave			
		· · · · · · · · · · · · · · · · · · ·	Address		
		Miami Fl 33182			
		marcelo/ <i>à</i> mobousa.com	City/State and Zip Code	., =.	
		E-mail address: (to be used for future annual rep	ort notification)	_
For further info	rmation cor	ocerning this matter, please ca	ıll:		
Marcelo Barnic	quel		305 49197 at ()	261	
	Name of I	² erson	Area Code	Daytime Telephone Nu	mber
Enclosed is a cl	neck for the	following amount:			
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cert d) Cert	0 Filing Fee, ifficate of Status & iffed Copy tional copy is enclosed)
		NG ADDRESS:	STREET/C	OURIER ADDRES	S:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARVZ LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on 06/22/2000	and assigned
lorida document number 1.06000063532	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	sited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZOUS COT R
B. If amending the registered agent and/or registered agent and/or the new registered office add		The second secon
Name of New Registered Agent:		52 200 200 1
New Registered Office Address:	Enter Florida stree	and have
	Enter Elorida stree	I address
	City	, Florida Zip Code
	•	7

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>	<u>Address</u>	Type of Action
MGR	FRANCISCÓ MAGO	787 SW 118 AVE PEMBROKE PINES FL 33025	Add
			■ Remove
			☐ Change
		□ Remove	
			Change
		Remove	
		Change	
		□ Remove	
			☐ Change
		□ Add	
		☐ Remove	
		☐ Change	
		Add	
			□ Remove
			□ Change

_	
	
_	
_	
_	
<u> Note:</u> 11	e date, if other than the date of filing:
the reco) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	10/08/19
.>	
	Signature of a member or authorized representative of a member
	Marcelo Barniquek

Page 3 of 3

Filing Fee: \$25.00