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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	AMARU L	LC.				
30031						
		Amendment and fee(s) are sub				
Please	return all correspo	ondence concerning this matter	to the following:			
		ROSA KUKURELO				
			Name of Person			
		AMARU LLC.				
			Firm/Company			
			Address			
	ZBIB NGV					
	1637 N	gazzez rygela				
		E-mail address: (to be used for future annual report notif	ication)	77. 00	ا ساء ا
For fur	ther information c	oncerning this matter, please c	all:			* *
ROSA	KUKURELO		561 929-9495			
	Name o	f Person		Telephone Number		
Enclose	ed is a check for th	he following amount:				
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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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

AMARU LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000000678	were filed on 01/04/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation =C."
Enter new principal offices address, if applicable:	22548 MIDDLETOWN DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FLORIDA 33428	2
Enter new mailing address, if applicable:		2)
(Mailing address MAY BE A POST OFFICE BOX)		7-'
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:	_	
New Registered Office Address:		
The Free State of the State of	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am	i familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	GIOVANA BASAGOITIA	22548 MIDDLETOWN DRIVE BOCA RATON, FL 33428	
			■ Remove
			Change
GMGR	NESTOR H. VARGAS	22548 MIDDLETOWN DRIVE BOCA RATON, FL 33428	■ Add
			Remove
			Change
			□ Add
			☐ Remove
			20 Cmge 17
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	d specifies Oth day aft				out not a	n effecti	ve time	, at 12:0)1 a.m.	on the	earlie	r of:
Dated												
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00