

L10000025599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

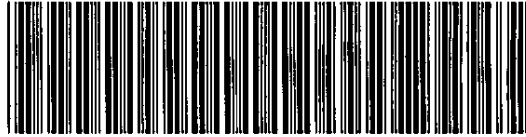
(Business Entity Name)

(Document Number)

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15 MAR 23 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

ARA INTERNATIONAL GROUP, LLC

SUBJECT: \_\_\_\_\_  
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:

Cinzia Zanella

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

ARA International Group, LLC

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

119 Washington Ave, Suite 101

\_\_\_\_\_  
Address

Miami Beach, FL 33139

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

cinzia.zanella@yukonmiami.com

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

For further information concerning this matter, please call:

Cinzia Zanella

305

546-1206

\_\_\_\_\_  
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 32314

**STREET/COURIER ADDRESS:**

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

ARA International Group, 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 3-8-10  
Florida document number L100000025599

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TALLAHASSEE, FLORIDA

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."

**Enter new principal offices address, if applicable:**

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

119 Washington Ave. Suite 101

Miami Beach, FL 33139

**Enter new mailing address, if applicable:**

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

119 Washington Ave. Suite 101

Miami Beach, FL 33139

**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:

Marooned Food, Inc

New Registered Office Address:

119 Washington Ave Suite 101

*Enter Florida street address*

Miami Beach

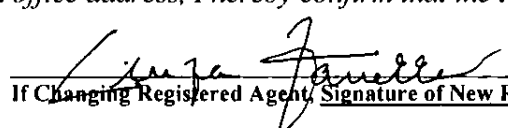
Florida 33139

*City*

*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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|------------------|-------------------------------|--------------------------------------------|
| MGr          | Cinzia Zanella   | 119 Washington Ave. Suite 101 | <input checked="" type="checkbox"/> Add    |
|              |                  | Miami Beach FL 33139          | <input type="checkbox"/> Remove            |
| MGR          | Cleotha Bell Jr. | 959 West Ave. Suite 2         | <input type="checkbox"/> Add               |
|              |                  | Miami Beach FL 33139          | <input checked="" type="checkbox"/> Remove |
|              |                  |                               | <input type="checkbox"/> Add               |
|              |                  |                               | <input type="checkbox"/> Remove            |
|              |                  |                               | <input type="checkbox"/> Add               |
|              |                  |                               | <input type="checkbox"/> Remove            |
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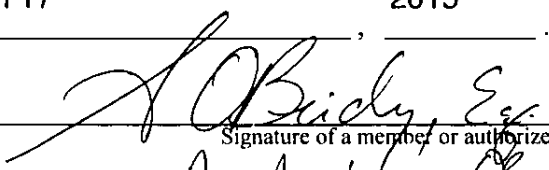
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17, 2015



Signature of a member or authorized representative of a member

A. Andrew Brichy

Typed or printed name of signee

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TALLAHASSEE, FLORIDA