

L120000061314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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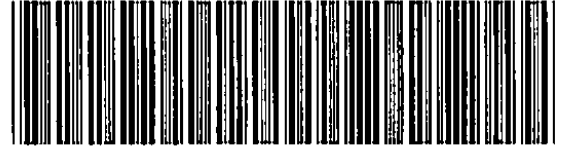
(Business Entity Name)

(Document Number)

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2023 NOV 12 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 17 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: ARIA IM 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:

MORIS TABANNEJAD

Name of Person

Firm/Company

1651 NE MIAMI GARDENS DR 101

Address

NORTH MIAMI BEACH FL 33179

City/State and Zip Code

MORISTAB@GMAIL.COM

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

For further information concerning this matter, please call:

MORIS TABAN

305

303-9173

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF **FILED**

ARIA IM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 NOV 12 AM 7:20

SECRETARY OF STATE
MAY 07 2012 EE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L12000061314.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(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 agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 12 AM 7: 20	<u>Type of</u>
MGRM	MORIS TABANNEJAD	1651 NE MIAMI GARDENS DR 101 NMB FL 33179 TALLAHASSEE, FL		<input checked="" type="checkbox"/> Add
				<input type="checkbox"/> Remo
				<input type="checkbox"/> Chan
MGRM	MORIS TABAN	1651 NE MIAMI GARDENS DR 101 NMB FL 33179		<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 05, 2020

Signature of a member or authorized representative of a member

MORIS TABANNEJAD

Typed or printed name of signee