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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 08 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARX SOLUTIONS HOLDING, 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:

PATRICIO M NAVARRO

Name of Person

ARX SOLUTIONS HOLDINGS LLC

Firm/Company

2030 S DOUGLAS RD

Address

SUITE #204

City/State and Zip Code

CORAL GABLES, FL 33134

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

For further information concerning this matter, please call:

CAROLINA DI PAOLO

Name of Person

at **305 443-7733**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

NO

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &

NO Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,

NO 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARX SOLUTIONS 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 OCTOBER 2012 and assigned
Florida document number 12 000 136867

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)

2030 S DOUGLAS RD SUITE 204
CORAL GABLES, FL 33134 (ANY CHANGE)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2030 S DOUGLAS RD SUITE 204
CORAL GABLES, FL 33134 (ANY CHANGE)

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:

ANY CHANGES

New Registered Office Address:

ANY CHANGES

Enter Florida street address

Florida

City

Zip

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

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLAS MICHAEL	2030 S DOUGLAS RD	<input checked="" type="checkbox"/> Add
		SUITE 204	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
MGR	PATRICIO M NAVARRO	2030 S DOUGLAS RD	<input type="checkbox"/> Add <i>ALREADY AS MGR</i>
		SUITE 204	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
MGR	GONZALO H NAVARRO	2030 S DOUGLAS RD	<input type="checkbox"/> Add <i>ALREADY AS MGR</i>
		SUITE 204	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The only change we need is : ADD NICOLAS MICHAEL AS MGR

Dated 11/06/12, 2012



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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