# L15000085291

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

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CHID IECT	BLACK SO	OFTWARE LLC		
SUBJECT		Name of Lim	ited Liability Company	, part of the Control
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		BRUNO SARTORI		
		***************************************	Name of Person	
			Firm/Company	
		2565 EAGLE RUN LANE	3	
			Address	
		WESTON, FLORIDA 33:	327 City/State and Zip Code	
		SARTORI@SARTORIUSA	A.COM	
Far fliethar	information of	E-mail address: (  oncerning this matter, please of	to be used for future annual report notif	ication)
BRUNO S		oncerning this matter, please ca	954 309-1109	
	Name of	Person		: Telephone Number
EncJosed is	a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK SOFTWARE LLC		
(Name of the Limited	d Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia lorida document number	bility Company were filed on05/14/20	and assigned
his amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
ARKA Consulting LLC		
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	'ADDRESS)	
Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/o egistered agent and/or the new registered office of New Registered Agent:	r registered office address on our	records, <u>enter the name of the r</u>
New Registered Office Address:		
	Enter Florida stree	et address
	Ch.	, Florida
	City	Zip Code
Jan Danistanad Amerika Sirentena (Calendaria Da	t	
lew Registered Agent's Signature, if changing Re hereby accept the appointment as registered		

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 **Title Address** <u>Name</u> **Type of Action** □ Add \_□ Remove □ Change \_ 🗆 Add ☐ Remove \_□ Change \_ 🗆 Add \_□ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add \_□ Remove Change Change

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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed burnent's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.  Signature of a member or authorized representative of a member  ALESSANDRO DI BARI - MANAGER  Typed or printed name of signee		
Signature of a member or authorized representative of a member  ALESSANDRO DI BARI - MANAGER  Typed or printed name of signee		
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Filing Fee: \$25.00