(Re	equestor's Name)	
(Ac	ddress)	
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- (Ci	ty/State/Zip/Phone	o #1)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Security Division of Cor		•	•
cunu	Ardana LLC			•
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Edward Roberts		
			Name of Person	
		Ardana LLC		
			Firm/Company	
		Causeway Square, 1801 N	E 123rd St Suite 314	
			Address	
		North Miami, FL 33181		
			City/State and Zip Code	
		eddie@ardanallc.biz	to be used for future annual report not	itication)
For fur	ther information co	oncerning this matter, please ca	·	
Edwar	d Roberts		786 918-3152 at ()	
	Name of	Person		ne Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5,00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ardana LLC		
(Name of the Lim	ted Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
ne Articles of Organization for this Limited I orida document number L15000091653		26/2015 and assigned
nis amendment is submitted to amend the fol		
If amending name, enter the new name of	of the limited liability company h	iere:
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C,"
Inter new principal offices address, if applicable:		E
rincipal office address MUST BE A STRE	ET ADDRESS)	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
iter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		22
If amending the registered agent and/or ent and/or the new registered office addre		records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Edward Roberts	
New Registered Office Address:	290 174th St #1417	
	Enter Flo	orida street address
	Sunny Isles Beach	, Florida 33160
	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.

Ed. Roberts

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Heana Ramos	1810 Runners Way North Lauderdale, FL 33068	□Add
			Remove
			□Change
			□Add
			□Remove
			🗀 Change
			🗆 Add
			□Remove
			□Change
			□Add
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an effecti <u>lote:</u> If t	date, if other than the date of filing:	
record splits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
	Ed. Roberts	
	Signature of a member or authorized representative of a member	