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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: aideline Camarangroup. com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMARAN GROUP LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on o nited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp.  Florida document number	pany were filed on $\frac{12}{9}$	-03-20/5 and assigned
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 designat	ion "LLC" or the abbreviations" L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	accent in the second se
<del></del>		- U
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida stre	er address
		, Florida
	Cin	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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

### H 21000063102

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member	·	
<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be price.  Note: If the date inscreted in this block does not meet the appli	or to date of filing or more than icable statutory filing requir	(optional) 90 days after filing.) Purs	mant to 605.0207 ( not be listed as t
document's effective date on the Department of State's record	s.		
te record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the sa	utlier of: (b) The 90t	h day after the
ord is filed.	/		•
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Dated ON OS	- <i>HH</i>		
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Signature of a member or and	ported representative of a town	aber	<del></del>
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Typed or prin	led name of signee		

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