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SECRETARY OF STATE

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## **COVER LETTER**

	gistration Section of Corp	ction ,	, · ·			
SUBJECT:	ARQI DESI	GN, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		ZUCEL PEREZ				
		<del></del>	Name of Person			
		ARQI DESIGN				
		<del>- 1/ </del>	Firm/Company		TEST 5	
		4061 SW 97TH PL			CARE IV	╗
			Address	<del></del>	20 fm	
		MIAMI, FL 33165			SCEL TIPS	FILED
			City/State and Zip Code		9 10 1171E	
		ZUCELPEREZ81@GMAII			· 3 6	
•• • • •	٠.	E-mail address: (	to be used for future annual report notifi	ication) .	• • • • •	
For further in	nformation co	oncerning this matter, please co	all:			
ZUCEL PEI	REZ		954 662-8181 at ( )			
	Name of	f Person		Telephone Number	<del></del>	
Enclosed is	a check for th	e following amount:				
\$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

ARQI DESIGN, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as It now appears on our recor- mited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on 12/08/16	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		AFG FG
• • •	201	₹E § π
Principal office address MUST BE A STREET ADDRES	<u> </u>	25.70
		HO F IT
·		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		>
3. If amending the registered agent and/or registeregistered agent and/or the new registered office address		ls, enter the name of the
Name of New Registered Agent:		
17mile Of 170 W Accessoriou Argent.		
New Registered Office Address:	Enter Florida street addre	ess
	F	lorida
	City F	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

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	SOLISBELLA C AVENDANO	4061 SW 97TH PL	☐ Add
	±	MIAMI, FL 33165	■ Remove
		<del> </del>	Change
			Add
		<del> </del>	□ Remove
		***************************************	☐ Change
		<del></del>	Add
			Remove
			ASSEE Remove
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tive date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory in the date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be liste	.02 ed
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie	ero
JUNE 3RD, 2016		
$X^{r}X$		

Page 3 of 3

Filing Fee: \$25.00