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## **COVER LETTER**

Division of Corp	-	·	
SURJECT: AR157	DN-5719, LLC	_	
5055EC1: 1/10: 07	ON-5719, LLC Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	KEUIN A DE	74/E	
		Name of Person	
		Firm/Company	<del></del>
	4100 N Powe	Address  Act FL 33073  City/State and Zip Code  L. Com  o be used for future annual report notific	P1
		Address	
	tom PANO BE	Aut FL 33073	
	0-1-4-0015	City/State and Zip Code	
•	E-mail address: (to	o be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	•	
PENE 1	11100	71) C/2 C	- // 1
Name of	Person	at (772) 8/2 5 5 Area Code Daytime 7	Felephone Number
Enclosed 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

ARISTON-5719, 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 3/2/2016  Florida document number 4/6 0000 44070.	_ 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 designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	<u>ਂ</u> ਲੋ
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limits	iliar with and

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 = M $AMBR = A$	lanager authorized Member	•	_
Title	Name	Address	Type of Action
MGR	ARISTON HOLDINGS, LCC	4100 A POWERLINE Rd STE PL	Add
		PomPano BEARLY FL 33073	☐ Remove
-			Change
MGR	DOYLE, KEUIN A	4100 N POWERLINE Rd. STED!	□ Add
		JOMPANO BEACH FL 33073	P Remove
			Change
	,		
		·	Remove
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inspected in this block does not most the applicable statutors. Sline as	(optional) than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filing reument's effective date on the Department of State's records.	quirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ed 9/1/16 10016	

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Typed or printed name of signee

Filing Fee: \$25.00