## 1160000074882

(Re	questor's Name)	
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## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT.	3 ARGEN	ros llc				
SUBJECT:		Name of Lir	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return	all correspo	ndence concerning this matter	r to the following:			
		MARIA PIA PANIGAZZI				
		<del>-</del>	Name of Person		•	
		3 ARGENTOS LLC				
			Firm/Company		,	
		18683 COLLINS AVENU	JE UNIT 905			
		<del></del>	Address		-	
	•	SUNNY ISLES BEACH,	FL 33160			
			City/State and Zip Code	,		
		mariapiapanigazzi@gmai			202 35	
		E-mail address: (	to be used for future annual report notificati	on)	2021 AUG SEGNEK TALLA	
For further in	formation co	oncerning this matter, please c	all:			ويسام
Maria Pia Pa	anigazzi		54911 3824-1289 at ()		$\frac{2i}{i\omega}$ $\omega$	
	Name of	Person		ephone Number	PH 3: 49	
Enclosed is a	check for th	e following amount:			. ,	
<b>⊠</b> \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	ing Address		Street Address: Registration Section	1		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

3 ARGENTOS 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 04/15/2016 and assigned Florida document number \_\_\_\_\_L16000074882 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 abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
MGRM	CASASNOVAS, GASTON	18683 Collins Avenue Unit 905	
		Sunny Isles Beach, FL 33160	⊠Remove
			□Change
MGR	PANIGAZZI, MARIA PIA	18683 Collins Avenue Unit 905	(⊠Add
		Sunny Isles Beach FL 33160	□Remove
		-	□Change
			□Remove
			☐Change
			ZOLA AUG Remove
			Change
			——— □Add
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