L16000095660

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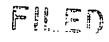
Registration Section

TO:

Division of Coa	porations	•				
ARSENA	L SERVICES LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALMIR A DE OLIVEIRA	•				
		Name of Person				
,	ARSENAL SERVICES L	I.C				
		Firm/Company				
	3762 Delta Street					
		Address				
	SARASOTA, FL 34232					
		City/State and Zip Code				
	piresfatima@earthlink.net F-mail address: (to be used for future annual report not	itication)			
For further information c	oncerning this matter, please c	•				
ALMIR A DE OLIVEIR	•	941 2666374				
	f Person	at () Area Code Daytin	na Talankana Mumkar			
rame o	r crson	Area Code Dayin	ne reteptione Number			
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Sc	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 AUG -3 PH 1: 07

ARSENAL SERVICES LLC

company has been notified in writing of this change.

(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 Co	ompany were filed on _	5/19/16	and assigned
Florida document number L16000095660	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D 46	65 11		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the nan	ne of the new registered
Name of New Registered Agent:			
N Bassistand Office Address			
New Registered Office Address:	Enter F	lorida street address	
	Florida Zip Code		
	Ciţy	1 101 102	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered	mplete performance of ent as provided for in	of my duties, and I am a Chapter 605, F.S. Or,	familiar with and , if this document is

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>	Name	Address	Type of Action
Diretor	MURILLO S SANTINI	3762 Delta Street SARASOTA, FL 34232	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
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			□Remove
			□ Change

							
							
							
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			•				
		07/26	/21				
fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	is block does	not meet the a	applicable st	of filing or more atutory filing r	than 90 days at equirements, t	tional) ter filing.) Pursua his date will no	nt to 605,0207 (t be listed as t
ecord specifies a delayed efficient is filed.	ective date, bu	it not an effec	tive time, at	12:01 a.m. on	the earlier of:	(b) The 90th (day after the
ted		. 2021	·				
	ΔΔ.		_	1 .			
	Signature	of a member o	or authorized re	presentative of	a member		

Filing Fee: \$25.00