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COVER LETTER

TO:	Registration Se Division of Cor				
CHD III	ARNEX LL				
SORTE	C T :	Name of Lim	Name of Limited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		ARTURO RODRIGUEZ			
			Name of Person	· ••	
		ARNEX LLC			
			Firm/Company		
		3515 W 10TH AVE APT .	304		
			Address		
	HIALEAH, FL 33012				
			City/State and Zip Code		
		RODRIGUEZARTURO@2		·. 	
For furth	ner information c	e-mail address: (to be used for future annual report not all:	ification)	
ARTUR	O RODRIGUEZ	;	305 901-9965		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	d is a check for th	ne 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		<u>Street Address:</u> Registration Se	ection		
	Division of C	orporations	Division of Co	rporations	
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARNEX LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	·	and assigned
Florida document number [L16000187011	·	
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "l.	.imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:)20
(Principal office address MUST BE A STREET ADI	DRESS)	
		9 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	name of the new registere
N. CN. D. L. LA		
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	imer i maa sireet aaaress	
	, Florid:	Zip Code
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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
MGR	NATACHA RODRIGUEZ	PO BOX 111341 HIALEAH,FL 33011	□Add
			≣Remove
			□Change
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			ု ဘူး Change
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antina data ifathanthantha d	ata of filings	(or	otional)
ective date, if other than the di effective date is listed, the date must be te: If the date inserted in this bloc nument's effective date on the Dep	e specific and cannot be prior to date (k does not meet the applicable sta	of filing or more than 90 days a	fter filing.) Pursuant to 605.020
cord specifies a delayed effective of sfiled.	date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
ed	2020		
	Malle		
	1/11/1		

Typed or printed name of signee