## 117000009723

	·	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<b>V</b>	-,,	
	70: 1 m: 10:	(0.
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
,	ninga Entity Mor	
(Bu	siness Entity Nar	пеј
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500319192155

10/05/18--01001--026 \*\*25.00



## COVER LETTER

TO:	Registration Se Division of Cor			
	ARVIEM I			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JONATHAN HEW		
		ARVIUM LLC	Name of Person	<del></del>
		2121 PONCE DE LEON F	Firm/Company BLVD, SUITE 1280	<del></del>
		CORAL GABLES, FL 331	Address 34	
		JH@PALMARIUM.CH	City/State and Zip Code	
For fur	ther information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notiful:	cation)
JONA	THAN HEW		305 322-4578	
	Name o	t Person	Area Code Daytimo	Telephone Number
Enclos	ed is a check for the	he following amount:		
<b>■</b> \$2	5.00 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARVIUMILEC		
( <u>Name of the Limited Liabil</u> (A Flond	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.17000009723	Company were filed on JANUARY 12, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>:</u>
Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	ictored office address on our records enter	the name of the
registered agent and/or the new registered office add		THE MARKE ST. CO.
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>	City	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	Name PALMARIUM HOLDINGS N.A., INC	<u>Address</u> 2121 PONCE DE LEON BLVD.	Type of Action
	1.70		Add
		SUITE 1280	
		(A20) 1 (A10) 12 (A10)	Remove
		CORAL GABLES, FL 33134	<b>-</b>
	ARVIUM AG	2421 PONCE DE LEON BLVD	Change
AMBR			<b>=</b> Add
		SUITE 1280	Add
			□ Remove
		CORAL GABLES, FL 33134	
			Change
MGR	Jonathan Hew	2121 PONCE DE LEON BLVD	
			Add
		SUITE 1280	
		CORAL GABLES, FL33134	□ Remove
		CORAL GABLES, PL55 154	<b>5</b> 0
		<del></del>	Change
			Remove
			□ Change
			<b>7</b> 0
			□ Remove
			Change
			Remove
			□ Change

				<del>_</del>
<del> </del>	<u>.</u>		_	
				<del></del>
ective date, if other than effective date is listed, the date: If the date inserted in cument's effective date on	this block does not meet t	he applicable statutor	(opting or more than 90 days after y filing requirements, thi	onal) Hiling.) Pursuant to 605.02 s date will not be listed a
record specifies a de The 90th day after th	layed effective date, e record is filed.	but not an effec	tive time, at 12:01 a	a.m. on the earlier
OCTOBER 2		18		
	<i>マ</i> ンい ガバ	er or authorized represe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00