

L17000009723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

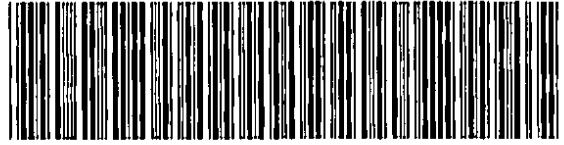
(Business Entity Name)

(Document Number)

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

10/20/18 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARVUM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

JONATHAN HEW

Name of Person
ARVIUM LLC

Firm/Company
2121 PONCE DE LEON BLVD, SUITE 1280

Address
CORAL GABLES, FL 33134

City/State and Zip Code

JH@PALMARIUM.CHI

E-mail address* (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN HEW 305 322-4578
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

ARVUM LLC

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PALMARIUM HOLDINGS N.A., INC	2121 PONCE DE LEON BLVD. SUITE 1280	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ARVUM IAG	2121 PONCE DE LEON BLVD SUITE 1280	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jonathan Hew	2121 PONCE DE LEON BLVD SUITE 1280	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 2 2018

JONATHAN HEW

Filing Fee: \$25.00