

L17000069918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

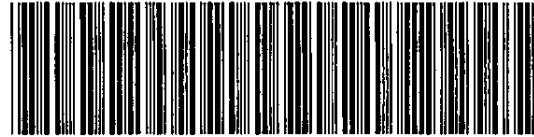
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600312507506

04/30/18--01018--019 \*\*30.00

FILED

18 APR 30 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -3 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ARISVEN DESGINS LLC

**SUBJECT:** \_\_\_\_\_  
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:

OSCAR OCHOA

\_\_\_\_\_  
Name of Person

ARISVEN DESIGNS LLC

\_\_\_\_\_  
Firm/Company

8680 SW 212th, SUITE 104

\_\_\_\_\_  
Address

CUTLER BAY, FL 33189

\_\_\_\_\_  
City/State and Zip Code

ARISVENDESIGNS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR OCHOA

786 7256770

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
**18 APR 30 PM 2:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ARISVEN CONSTRUCTION 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 MARCH 28, 2017 and assigned  
Florida document number L17000069918.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ARISVEN DESIGNS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

8680 SW 212th ST

SUITE 104

CUTLER BAY, FL 33189

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8680 SW 212th ST

SUITE 104

CUTLER BAY, FL 33189

**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:

OSCAR OCHOA

New Registered Office Address:

8680 SW 212th ST, SUITE 104

*Enter Florida street address*

CUTLER BAY

*City*

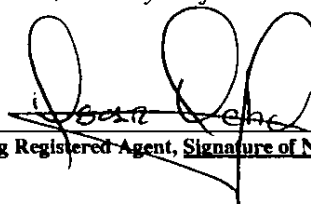
**Florida**

33189

*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 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>
MGR	OSCAR OCHOA	8680 SW 212th ST	<input type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		CUTLER BAY, FL 33189	<input checked="" type="checkbox"/> Change
MGR	EILIN ANEZ	8680 SW 212th ST	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		CUTLER BAY, FL 33189	<input type="checkbox"/> Change
MGR	GERSON ROMAN	8680 SW 212th ST	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		CUTLER BAY, FL 33189	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 18 APR 30 PM 2:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
APR 30 PM 2:58  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** MARCH 19, 2018 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 19

2018

~~Signature of a member or authorized representative of a member~~

OSCAR OCHOA - MGR

Typed or printed name of signee