# L17660 117974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
AND ANASSEE FLORID

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### **COVER LETTER**

TO:	Registration Sec Division of Corp			
		ARA	NO, LLC	
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Humberto E. Ruiz		
			Name of Person	
		Ruiz & Company		
			Firm/Company	
2385 N.W. Executive Center Drive, Suite 100				
			Address	<del></del>
		Boca Raton, FL 33431		
			City/State and Zip Code	
		humberto@ruizandcompany		<del></del>
			to be used for future annual report notific	cation;
For fu	ther information co	oncerning this matter, please ca	all:	
Humb	erto E. Ruiz		561 443-7191 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$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)

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

	ARANO, LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L17000117974	ompany were filed on May 30, 2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		2	
(Principal office address MUST BE A STREET ADDRE	ESS)	AY A	
Enter new mailing address, if applicable:		-9 P	
(Mailing address MAY BE A POST OFFICE BOX)		4: 22	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida,	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>	Address	Type of Action
AMBR	Beatriz Ucieda	2385 N.W. Executive Center Drive	Add
	_	Suite 100	□ Remove
		Boca Raton, FL 33431	☐ Change
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			Remove
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	her than the date o		. 1. 661	(or	tional)	
Note: If the date ins	ted, the date must be spe erted in this block do date on the Departm	es not meet the app	olicable statutory fili	ng requirements, t	his date will n	ot be listed as
ie record specific The 90th day a	es a delayed effeo fter the record is	ctive date, but filed.	not an effective	time, at 12:03	l a.m. on th	ne earlier of
Dated		2018				
			<u> </u>			

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Filing Fee: \$25.00

Typed or printed name of signee