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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Arano, 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: Humberto E. Ruiz Name of Person Ruiz & Company Firm/Company 2385 N.W. Executive Center Drive, Suite 100 Address Boca Raton, FL 33431 City/State and Zip Code humberto@ruizandcompany.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 443-7191 Humberto E. Ruiz Davtime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARANO, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L17000117974</u>		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		;·>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office adent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name</u>	of the new registered
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am far rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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
AR	Raquel Lezana Perez	2385 N.W. Executive Center Drive	Add
		Suite 100	□Remove
		Boca Raton, FL 33431	□Change
AR	Mariela Parra	Barrio De La Estacion, SN	[]Add
		Haro 26200 ES	= Remove
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			Remove
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n effective date is	other than the dat listed, the date must be s	specific and cannot be p	prior to date of filing	or more than 90 days af	tional) ter filing.) Pursuant to 605.020
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ecord specifies a	delayed effective dat	e but not an effectiv	ve time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after the
is filed.	40.4,04 000	, <u></u>			. ,
		2023			
ted June 9		. 2023	·		
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Filing Fee: \$25.00

Typed or printed name of signee