117000123708

(Re	questor's Name)	
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COVER LETTER

	gistration So vision of Co			
SUBJECT:	Ariam, LL			
SUBJECT.			nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please retur	n all correspo	ondence concerning this matter	r to the following:	
		Scott Rosen, Esq.		
			Name of Person	
		Scott Rosen, P.A.		
			Firm/Company	
		150 S. Pinc Island Road, S	Stc. 300	
			Address	
		Plantation, FL 33324		
		srosen@srosenlaw.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please c	all:	
Scott Rosen			954 915-0510 (x3	01) Telephone Number
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 Tallahassec, FL 32301

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

1/2	EL
2017 SEP 18	
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Ariam, LLC

(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	STE. FLORING
	• • •	
The Articles of Organization for this Limited Lial	bility Company were filed on 06/06/2017	and assigned
Florida document number L17000123708	·	_
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "Ll.C" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:	
(Principal office address MUST BE A STREET		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ent</u> <u>e address here</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
N	City	Zip Code
New Registered Agent's Signature, if changing Reg	istared Agent.	

N

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>	Name	Address	Type of Action
MGR	Igor Revenson	2290 174TH STREET	
		#2207	
		Sunny Isles, FL 33160	
MGR Israel Revenson	Israel Revenson	2290 174th Street	
		#2207	□ Remove
		Sunny Isles, FL 33160	
-		····	□ Add
			D.Remove
			Crange T
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(If an effective Note: I	ve date, if other than the date of filing: (optional) ctive 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)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	September 13, 2017.
	Signature of a member or authorized representative of a member
	Israel Revenson
	Typed or printed name of signee

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Filing Fee: \$25.00