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J. LEGGETT NOV - 8 2017

COVER LETTER

	Registration Se Division of Cor					
cun ice		storations, LLC				
Name of Limited Liability Company						
The enclose	sed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please ren	ırn all correspo	ndence concerning this matter	to the following:			
		Cesar G Aracena				
			Name of Person	 		
		Aracena Restorations, LLC				
			Firm/Company			
		110 SW 97 Terr				
			Address			
		Pembroke Pines, FL 33025	i			
			City/State and Zip Code			
		aracena.restorations@gmail				
		E-mail address: (to be used for future annual report noti	fication)		
For furthe	r information c	oncerning this matter, please ca	all:			
Cesar G.	Aracena		786 306-2984 at ()			
	Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed i	is a check for th	ne 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

Aracena Restorations, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/26/2017	and assigned
orida document number L17000199635		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		D T
		<u> </u>
		是是
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		9 m 0
. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the
egistered agent and/or the new registered office address her		the hame of the
Name of New Registered Agent:		
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 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

Title	<u>Name</u>	Address	Type of Action
PRES	Cesar G. Aracena	110 SW 97 Тегт	
		Pembrke Pines, FL 33025	■ Remove
			Change
MGR	Cesar G. Aracena	110 SW 97 Теп	■ Add
		Pembroke Pines, Fl. 33025	Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
		APPACATE APPACATE AND APPACATE	□ Add
			☐ Remove
			☐ Change
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			□ Remove
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lote: If the date i	nserted in this bloc ve date on the Dep	k does not me	eet the applic	able statutory	filing requirem	ents, this date	will not b	e listed as
	fies a delayed of after the recor		ate, but no	t an effecti	ve time, at 1	.2:01 a.m.	on the ϵ	arlier of
October 30		A:	2017	·				
	,		¥ 1/					

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Typed or printed name of signee

Filing Fee: \$25.00