# 117000208659

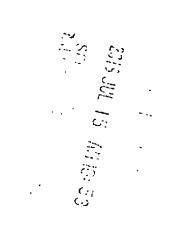
(Requestor's Name)
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## **COVER LETTER**

SUBJECT: ARE	a Motors Ll	_C	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
·	-		
	Alfonsi	Name of Person	
	ARFA M	Name of Person  OTOR'S LLC	
		Firm/Company	
	8301 NW 66	STREET	
		Address	
	MIANI, FL.	<b>3</b> 3166	
		City/State and Zip Code	<u> </u>
	12	to be used for future annual report notifi	iestion
			teation)
For further information co	oncerning this matter, please ca	ıll:	
Francy	Arias	at (407) 618~	9957
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICEES OF MINEROLETIC

### TO ARTICLES OF ORGANIZATION OF

ARFA MOTORS		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700020865</u> 9	were filed on 10   09   2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	معا
(Principal office address MUST BE A STREET ADDRESS)		
		——————————————————————————————————————
Enter new mailing address, if applicable:	NIA	U
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	JORGE DIAZ	8301 NW 66 STREET	<b>⊠</b> Add
		MIAMI, FL. 33166	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
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			Change
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			□ Remove
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			Remove
			Change

N A
<del></del>
1
E. Effective date, if other than the date of filing:  (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 (  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
Dated
Alfonso Ferrebus Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00