Division of Corporations **Electronic Filing Cover Sheet** 

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(((H18000344902 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE SCHIFFMAN LAW GROUP, P.A.

Account Number : I20000000100 : (305)682-1328 Phone Fax Number : (305)682-0063

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.\* 🛬

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARSO MARKETING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

EXAMINER

## **COVER LETTER**

	gistration Sec Iston of Corp				
		RKETING LLC			
SUBJECT:					
The enclosed	J Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please return	ı all correspor	ndence concerning this matter (	o the following:		
		ADAM R. SCHIFFMAN, ES	QUIRE		
		Name of Person THE SCHIFFMAN LAW GROUP, P.A.			
			Firm/Company		
2875 N.E. 191 STREET, SUITE 500					
	Address AVENTURA, FL 33180				
		adam@realalty.net	City/State and Zip Code		
For further i	information co	E-mail address: (i	to be used for future annual report notificall:	ration)	
	SCHIFFMAN	-	305 682-1328		
<del></del>	Name of	l Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ec following amount:			
□ \$25.(H)	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclissed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	tions SSS L	: r
	, ,,,,-411		Tallahassee, FL 323		i T

To: 18506176383 From: 13056820063 Date: 12/04/18 Time: 12:45 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARSO MARKETING LLC			
(Name of the Limited Lind) (A Floric	lity Company as it now innears on our la Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability ( Florida document number L18000103505	Company were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
ARSO CONSULTING LLC			
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·····	7-7-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		ecords, enter the name of the nev	
New Registered Office Address:			
Men regimers grace reduces.	Enter Florida street	address	
		, Florida	
<del></del>	Cap	Zip Code	
New Registered Agent's Signature, If changing Register	ed Agent:		
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of heing filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office uddress, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is	
	If Changing Registered Agent, Sign		
	Page 1 of 3	LORI	

To: 18506176383 From: 13056820063 Date: 12/04/18 Time: 12:45 PM Page: 04/05

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	Name	Address	Type of Action
AMBR	ANIELLY ROSSI	20533 BISCAYNE BLVD #624 AVENTURA, FL 33180	E) Add
			D Add
			B Remove
			Change
			D Add
			☐ Remove
			[] Change
			□ Add
			🖸 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 2018 Dated iture of a member or authorized representative of a member Sabine P. Otamendi Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

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