

L1900123672

 Florida Department of State

 Division of Corporations

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 Fax Number : (850)617-6383

From: Account Name : ARIMIR SERVICES GROUP LLC
 Account Number : I2020000022
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DEPARTMENT OF STATE
 ALLAHASSEE, FLORIDA

2021 MAY 27 AM 8:15

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

Email Address: aideline1234@gmail.com

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AIDVANY HOLDINGS LLC

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May 27, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AIDVANY HOLDINGS LLC
2342 W 79 ST
HIALEAH, FL 33015

SUBJECT: AIDVANY HOLDINGS LLC
REF: L18000128672

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entire articles of amendment must be for an LLC not a Corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000198752
Letter Number: 521A00011550

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 21000 198752 3

AIDVANY HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2018 and assigned Florida document number L18000128672

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMARAN INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Blank lines for principal office address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for mailing address

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Blank line for name of new registered agent

New Registered Office Address:

Blank line for new registered office address

Enter Florida street address

City, Florida Zip Code

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

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FILED 2021 MAY 27 AM 8:16 SEVENTH DISTRICT STATE FALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[Empty lined area for amending information]

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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 MAY, 27, 2021

[Handwritten signature]

Signature of a member or authorized representative of a member

AIDELINE AMARAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 27 AM 8:16

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