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SEP 22 2018 S. YOUNG SEP 20 PN 5: I

COVER LETTER

TO:	Registration Division of (n Section Corporations			
SUBJE	ARLIS	LLC		•	
JOBSE	~I. <u></u>	Name of Lin	nited Liability Company		
The encl	losed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corre	espondence concerning this matter	to the following:		
		PANDI TENEX			
			Name of Person		
			Firm/Company		
		860 94TH AVENUE N			18 17.11
NAPLES, FL 3410			Address	FILED SEP 20 PM NATIONAL DEP	
City/State and Zip Code ARKAND@COMCAST.NET					ILED 20 PM 5: 11 LASSEE, FLORID
		E-mail address:	(to be used for future annual report noti	fication)	20A
For furth	ner informatio	on concerning this matter, please of	call:		•
PANDI	TENEX		239 404-9458 at ()		
	Nai	ne of Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check f	or the following amount:			
\$25	.00 Filing Fee	e	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	M/	AILING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARLIS LLC		
(Name of the Limit	ed Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited L	iability Company were filed on	9/12/2018 and assigned
Torida document number L18000215914	<u> </u>	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	/ here:
he new name must be distinguishable and contain the v	vords "Limited Liability Company," d	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	
	***	<u> </u>
		NASSI NASSI
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
	<u> </u>	
		2 2
 If amending the registered agent and egistered agent and/or the new registered or 	or registered office address ffice address here:	on our records, enter the name of the
Name of New Registered Agent:	ARKAND TENEX	
New Registered Office Address:	860 94TH AVE N	
New Registered Office Address.	Enter	Florida street address
	NAPLES	, Florida 34108
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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iffectiv	'e date, if other rive date is listed, t	than the date the date must be spe	of filing: _ ecific and car	not be prior t	o date of filing	or more than 9	(optional) 0 days after filing.) Pursuint to	- 6 05.020'
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