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(Re	questor's Name)	
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(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			1
SUBJI	Argos Equi			,
SUBJI	ECT:		nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspe	ondence concerning this matter	to the following:	
		Christopher Ladas		
			Name of Person	
		Argos Equities, LLC		
			Firm/Company	
		392 NE 113th St		
			Address	
		Miami, FL 33161		
		christos@argosequities.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please c	all:	
Nick I	Prutsos		773 507-9211	
	Name o	n' Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
≅ \$2	5.00 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

Argos Equities LLC

2019 007 -7 A411: 43

(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 $\frac{9-19-2018}{2}$ ___ and assigned Florida document number SS-4/FEIN 83-1958853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 392 NE 113th St Enter new principal offices address, if applicable: Miami, FL 33161 (Principal office address MUST BE A STREET ADDRESS) 392 NE 113th St Enter new mailing address, if applicable: Miami, FL 33161 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
		 	
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	ord specifies a delayed effecti 90th day after the record is fi		effective time, at 1	.2:01 a.m. on the earl	ier of:
9 Dated _	/25/2019		_		
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			 representative of a member 		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00