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SECRETARY OF STATE

D. BRUCE AUG 12 2020

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	AMARULA B	- -State ll		
	Name of Li	mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
	Denise	Jackson Name of Person	AMBR	
	Amarul	Firm/Company	LLC	
	1920 W	GRANADA Address	Bwo	
	_ ORMOND	BEACH FL City/State and Zip Code	- 32174	
To Cook on in Communication	i jacl E-mail address	(to be used for future annual	report notification)	
ror turner information of	concerning this matter, please	can		
Name o	of Person	at (434)Area Code	987 - 8059 Daytime Telephone Number	7020 JU
Enclosed is a check for t	he following amount:			W 29
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate OF S	e. 3 T
Mailing Addre Registration		<u>Street Ac</u> Registr	ddress: ation Section	
Division of C		-	n of Corporations	
P.O. Box 632	27		ntre of Tallahassee	
Tallahassee,	FL 32314	2415 N	. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADDITES TO ADDITES TO ESTATES TO ES	Amari		
The Articles of Organization for this Limited Liability Company were filed on	(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARABULA ESTATES LUC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:	·	1	
A. If amending name, enter the new name of the limited liability company here: Aparts Luc The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:	The Articles of Organization for this Limited Liability Co	ompany were filed on \ \\ \(\lambda \) \ \(\lambda \)	and assigned
A. If amending name, enter the new name of the limited liability company here: Aparts Luc The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:	Florida document number <u>L 190000 (68)</u>	<u>ə</u> .	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:	This amendment is submitted to amend the following:		
Enter new mailing address, if applicable: (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:	AMARINA FIST	ATES LLC	
Enter new mailing address, if applicable: (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:	Enter new principal offices address, if applicable:		
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:	(Principal office address MUST BE A STREET ADDR	ESS	
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:			
Name of New Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)		
		l office address on our records, <u>enter the n</u>	ame of the pew registered
	Name of New Registered Agent:		
New Registered Office Address:	New Registered Office Address:		M E PA
Enter Florida street address To			E 51
City Florida Zin Code			Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
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		A DER	SHORE TARRY OF STATE
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lf an eff <u>Note:</u>	(optional) ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is fil	d 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 ed.
Dated	6 24 2020
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00