L19000029519

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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2019 FEB 13 AM IO: 34 SECALIARY OF STATE TALL AHASSEE, FLORIS

FEB 18 2019 C MCNAIR

COVER LETTER.

TO:

Tallahassee, FL 32314

	tion Sect of Corpo				A. 6.	2019
	-	.DINGS, LLC				
SUBJECT:			ted Liability Company			13. 6
		Name of Limit	ted Liability Company		(s	
The enclosed Arti	cles of A	mendment and fee(s) are subt	nitted for filing.			1018 FEB 13 14 10:38
Please return all c	orrespond	lence concerning this matter t	to the following:			37
		ELADIO ARVELO				
			Name of Person			
		ARBAU HOLDINGS, LLC				
			Firm/Company			
	4925 SW 165th AVENUE					
		MIRAMAR, FL 33027	Address			
		ELADIOJOSEARVELO@G	City/State and Zip Cod	je		
		_	o be used for future annu	ial report notification	on)	
For further inform	nation cor	cerning this matter, please ca	all:			
ELADIO ARVE	LO		954 4 at ()	4503840		
	Name of I	Person	Area Code	Daytime Tel	ephone Number	
Enclosed is a chec	ck for the	following amount:				
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fed Certified Copy (additional copy is o		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
	Registrat	G ADDRESS: ion Section of Corporations 6327	Registr Divisio	ET/COURIER A ration Section on of Corporation n Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES	S OF AMENDMENT	
	TO	
ARTICLES	OF ORGANIZATION	The table of the same of the s
	OF	
		15 m
ARBAU HOLDINGS, LLC		- 要
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	ds.) and assigned
he Articles of Organization for this Limited Liability Co	ompany were filed on 1-28-2019	and assigned
lorida document number L19000029519	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDR		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
TARREST MANUEL DE LA		
 If amending the registered agent and/or regist egistered agent and/or the new registered office addr 		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	794
	Liner I fortua sireer uture	, A.Y
		lorida

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>	Name .	<u>Address</u>	Type of Action
MGR	ELADIO ARVELO	4925 SW 165th AVENUE, MIRAMAR, FL 33027	Add
			□ Remove
			■ Change
MGR	PABLO BAUTISTA	4929 SW 165th AVENUE, MIRAMAR, FL 33027	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
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tive date, if other than the da	1-28-2019 te of filing:	(option	al)
ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	does not meet the applicable s	(option te of filing or more than 90 days after fil statutory filing requirements, this d	ing.) Pursuant to 605.0 ate will not be listed
ecord specifies a delayed e e 90th day after the record		effective time, at 12:01 a.r	n. on the earlie
FEBRUARY 9th	2019		
	And	land)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00