L190000 44664

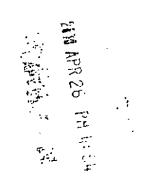
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

ARGU G I	LLC			
SUBJECT:	Name of Limi	ited Liability Company		
	Amendment and fee(s) are sub	_	<u> </u>	THE POPULATION OF THE POPULATI
Please return all corresp	ondence concerning this matter GRETTER ARGUELLES	to the following:		
	·	Name of Person		<u>برائي</u> ند.
	3025 SW 18TH STREET	Firm/Company		
	MIAMI FL 33145	Address		
	G.ARGUELLES86@YAH	City/State and Zip Code OO.COM		
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report	notification)	
GRETTER ARGUELL	ES	305 6133059 at ()		
Name	of Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py

MAILING ADDRESS:

TO: Registration Section

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

ARGU G LLC				
(Name of the Lin	nited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)	and assigned.
he Articles of Organization for this Limited	Liability Company	were filed on $\frac{2/13/2}{1}$	2019	and assigned.
orida document number L19000044664	·			
nis amendment is submitted to amend the fo	llowing:			ŷ.
. If amending name, enter the new name	of the limited liab	oility company here	;	
/A				
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	gnation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	3025 SW 18TH ST	TREET	
Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33145		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3025 SW 18TH ST MIAMI, FL 33145		
. If amending the registered agent angistered agent and/or the new registered		<u>e</u> :	our records, <u>en</u>	ter the name of the
Name of New Registered Agent:	OKETTEK AK	OOELEES	·····	
New Registered Office Address:	3025 SW 18TH			
		Enter Florida	street address	
	MIAMI	Cit	, Florida	
		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>	Address	Type of Action
			Remove
		····•	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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Effective	date, if other than the date	of filing:	(optional)
Note: If the		oes not meet the applicable statute	ing or more than 90 days after filing.) Pursuant to 605.0. ry filing requirements, this date will not be listed
he record	d specifies a delayed effe	ective date, but not an effe	ctive time, at 12:01 a.m. on the earlier
	th day after the record i		·
Dated AP	RIL 2	2019	
Dated		,	
		(P) 4"	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00