## L19000083434

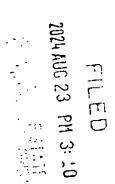
(Requ	uestor's Name)
(Adda	ress)
(Addi	ress)
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	- I
	AUG Z 7 2024

Office Use Only



500435260815

08/23/24--01016--004 \*\*29.00



## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
ARIANDE	INVESTMENTS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
		, , ,	
		See A. Com Ellin .	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GERALDO ABREU		
	<del>_</del>	Name of Person	
	ARIANDE INVESTMEN	TS LLC	
		Firm/Company	
	5645 CORAL RIDGE DR	IVE, #132	
		Address	1
	CORAL SPRINGS, FL 33	()76	
		City/State and Zip Code	<u> </u>
	GABREUREALTOR@GM	•	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
GERALDO ABREU		305 440-9254	
	of Person	at () Area Code Davtim	e Telephone Number
Name o	it rerson	Area Code Dayum	e receptione remittee
Enclosed is a check for the			<b>-</b>
■ \$25.00 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 Addres	×4	Street Address:	
Registration		Registration Sc	
Division of C	Corporations	Division of Cor	· · ·
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (B Florida Company)  (B		ARIANDE INVESTMENTS LLC	2024 AUG 23 PM 3: 10
The Articles of Organization for this Limited Diability Company were filed of	(Name of the Limit	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
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."  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 regist agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	The Articles of Organization for this Limited L	iability Company were filed on	03/26/2019 and assigned
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."  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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	Florida document number L19000083434	·	
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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	This amendment is submitted to amend the foll	owing:	
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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	A. If amending name, <u>enter the new name o</u>	f the limited liability company h	ere:
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 regist agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	The new name must be distinguishable and contain the v	words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter new principal offices address, if applic	eable:	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Principal office address MUST BE A STREE	ET ADDRESS)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter new mailing address, if applicable:		
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
Name of New Registered Agent:  New Registered Office Address:    Description			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida			records, enter the name of the new register
Enter Florida street address, Florida	Name of New Registered Agent:	Geraldo & Dionne Abreu Family	Trust
, Florida	New Registered Office Address:		
		Enter Flo	rida street address
City Zip Code		<del></del>	, Florida
		City	Zip Code
			1.6 4

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 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
Trust	Geraldo & Dionne Abreu Family Trust	5645 Coral Ridge Drive, #132, Coral Springs,FL 33	07 <b>6</b> 
			□Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

	· <del></del>	·			<del></del>
		<u>_</u>			
				<u> </u>	
		*******	· <del>-</del>		<del></del>
		<del></del>			
·					
		·			
			<del></del>		
				<del></del> · · · · · · · · · · · · · · · · · · ·	
		_			
	-				
		<del>-</del>		· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
	<del></del>	_			
			· ·		· · · · · · · · · · · · · · · · · · ·
ective date, if other than th	a date of filing:			(optional)	
effective date is listed, the date mi	ast be specific and cannot	be prior to date of	of filing or more than	90 days after filing.) I	Pursuant to 605.020
<ul> <li>e: If the date inserted in this but ument's effective date on the I</li> </ul>	block does not meet th Department of State's	e applicable sta records.	tutory ming requi	rements, this date w	iii not be fisted a
cord specifies a delayed effecti s filed.	ve date, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b) The	90th day after the
ed	202	4		1	
Muld	Horen	ح	Don		
			presentative of a me		