# L19000156970

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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# **COVER LETTER**

TO: Registration Se Division of Cor		,	
SUBJECT: Arca	Custom Finishing LL Name of Lim	C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alexandro Qu	Name of Person	
	Aria Custom Fir		
	3 א שא ררר <b>3</b>	Address	
	Miami, FL 33	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	lication)
For further information of	oncerning this matter, please ca	all:	
Alcyandro Qu Name o	f Person	at ( <u><b>954</b></u> ) <u>477 - 27</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 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

(Name of the Limited I	iability Company Florida Limited Liab	as it now appears on ulity Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L19000156970</u>	lity Company wo	ere filed on	1/19	and ass	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabilit	y company here:			
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the design	ation "LLC" or the a	bbreviation "L.	IC."
Enter new principal offices address, if applicable	e: _				
(Principal office address MUST BE A STREET A	(DDRESS)			<u> </u>	
	-		<u>.</u>		
Enter new mailing address, if applicable:	_		: - 	Z I AON	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u> _			. <u></u>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	r records, enter	the name	of the nev
Name of New Registered Agent:	Alcyando (	Quiroz		<u>.</u> .	
New Registered Office Address:	3117 NW	46 51 Enter Florida s	treet address	<u></u>	<del></del>
	Miami		. Florida	33(4)	
_		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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

·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
HER	Rosa Verdura	3777 Nw 46 st Miami, Fl 33142	D Add
		<del> </del>	Remove
		<del> </del>	Change
MGR	Alejandio avion	3777 NW 46 ST MIAMI, FL 3314)	<b>⊠</b> Add
		Remove	
			Change
		Remove	
		<del></del>	Change
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		□ Remove	
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	<del></del>		
		<del></del>	□ Remove
			Change

•	oding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe <mark>Note:</mark>	re date, if other than the date of filing:
e rec	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
ated _	November 5 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00