

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002362513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| <b>Email</b> | Address: |  |  |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARAGUNAY 2019 C.A. LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
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Help

K. SALY 8 2019 To: 18506176383 From: 12147128131 Date: 08/07/19 Time: 12:52 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| ARAGU   | NAY 2019 C.A. LLC   |                                    |
|---|---|------------------------------------|
| (Name of the Limited Li<br>(A Fl  | ability Company as it now appears on our cords Limited Etability Company) | ecords.)  9  and assigned          |
| The Articles of Organization for this Limited Liabili   |   | 19 and assigned                    |
| Florida document number 1.19000168913   | ·   |                                    |
| This amendment is submitted to amend the followin   | g:  |                                    |
| A. If amending name, enter the new name of the  | limited liability company here:   |                                    |
| ARAGUANEY 2019 C.A. LLC   |   |                                    |
| The new name must be distinguishable and contain the words                                      | "Limited Liability Company," the designation                              | "LLC" or the abbreviation "L L.C." |
| Enter new principal offices address, if applicable  | :   |                                    |
| (Principal office address MUST BE A STREET AL   | DDRESS)   |                                    |
| Enter new mailing address, if applicable:   |   |                                    |
| (Mailing address MAY BE A POST OFFICE BOX   | <u> </u>  |                                    |
| B. If amending the registered agent and/or in registered agent and/or the new registered office | registered office address on our re<br>address here:                      | ecords, enter the name of the nev  |
| Name of New Registered Agent:   |   |                                    |
| New Registered Office Address:  | Enwr Florida street   | address                            |
|   |   | , Florida                          |
| <del>-</del>  | 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

To: 18506176383 From: 12147128131 Date: 08/07/19 Time: 12:52 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

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\_\_\_\_\_ □ Change

| MGR = M $AMBR = A$ | anager<br>uthorized Member |         | · · · · · · · · · · · · · · · · · · · |
|--------------------|----------------------------|---------|---------------------------------------|
| <u>Title</u>       | <u>Name</u>                | Address | Type of Action                        |
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| Rective date, if other than the date of filing:  an effective 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 603 0207 that defing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the occument's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.  Signature of a member or authorized representative of a member   | If amending any other infort   | nation, enter change                                   | (s) here: (Attach   | additional sheets                       | ; if necessary.)                           | (((H19000                             | 23625                |
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|  | e record specifies a delay.<br>The 90th day after the re                     | ed effective date, lecord is filed.                    | but not an effec  | tive time, at 1                         | 2:01 a.m. on                               | the earlier                           | of:                  |
| Signature of a member or authorized representative of a member   | July 26  | , 201  | 9 .   | 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / |  |                                       |                      |
| Signature of a member or authorized representative of a member   | · · · · · · · · · · · · · · · · · · ·  | Simulation   |   |   |  |                                       |                      |
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