

Division of Corporations

**L19000 237688**

**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.**

((H19000298806 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : F & S PROJECTS CORP  
Account Number : I20120000041  
Phone : (954)482-9681  
Fax Number : (954)482-8696

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

Email Address: CONTACT@FANDSPROJECTS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARIPE LLC**

Certificate of Status	0
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Corporate Filing Menu

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(H190002988063)  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARIPE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL FERRER

Name of Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FERRER

954 482-9681

at ( )

Name of Person

Area Code

Daytime 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 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

2019 OCT -8 PM 4:00

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(H190002988063)

ARIPE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/19/2019 and assigned  
Florida document number L19000237688.

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 "L.L.C."

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

, 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

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARIJON, MARIA L	1380 OLYMPIC CLUB BLVD	<input type="checkbox"/> Add
		DAVENPORT, FL. 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 8 2019

Marie L. Arizon

MARIA L. ARJON

Typed or printed name of signee