

L19 000 279 286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

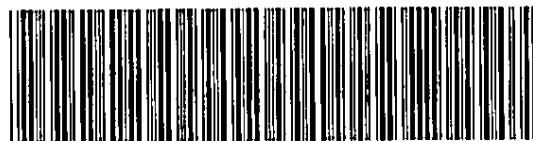
(Business Entity Name)

(Document Number)

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FILED

2020 JAN 14 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
Name chs

FEB 11 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARAINNSE L.L.C.  
\_\_\_\_\_

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:

LOVETTE DOBSON  
\_\_\_\_\_

Name of Person

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220  
\_\_\_\_\_

Address

HOUSTON, TX 77064  
\_\_\_\_\_

City/State and Zip Code

EFILE1234@INCFIL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

LOVETTE DOBSON  
\_\_\_\_\_

Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

855+829+9090

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ARAINNSE L.L.C.

(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 11/08/2019 and assigned  
Florida document number L19000279286.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ARIANNSE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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*

*City*

Florida

*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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TALLAHASSEE, FLORIDA

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	Gomezlegro, Arianna	820 Nw 30th Ave	<input type="checkbox"/> Add
		Miami, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gomezlegro, Sebastian	820 Nw 30th Ave	<input type="checkbox"/> Add
		Miami, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Legro, Maria Del Pilar	820 Nw 30th Ave	<input type="checkbox"/> Add
		Miami, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Legro, Maria del Pilar	820 Nw 30th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Carlos T. Homey  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**