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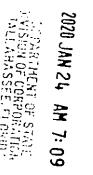
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S. YOUNG

ARBOL BUILDS LLC SUBJECT: 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: GUILLERMO ARBOLEDA Name of Person ARBOL BUILDS LLC Firm/Company 5655 SW 100TH AVE Address COOPER CITY, FL 33328 City/State and Zip Code ARBOL328@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUILLERMO ARBOLEDA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

ARTICLES OF ORGANIZATION OF

202

ARBOL BUILDS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	JAN 21
The Articles of Organization for this Limited Liability (Florida document number 1.19000296187		SECTION OF STATE OF S
This amendment is submitted to amend the following:		-
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:	nited Liability Company," the designation "LLC" of	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeron agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUILLERMO ARBOLEDA	5655 SW 100TH AVE COOPER CITY, FL 33328	🗃 Add
			□Remove
			ElCnange
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□ Change
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			Change
			□Remove
			□Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	= 01/19/200 E
	Signature of a member or authorized representative of a member
	GUILLERMO ARBOLEDA
	Typed or printed name of signce