L20 0000 29960

(Re	equestor's Name)	1
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
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OCT 1 9 2020 S. YOUNG



DA DEPARTMENT OF STATE
Division of Corporations

Letter Number: 520A00016679

August 31, 2020

ALBERTO RUIZ 4566 N HIATUS RD SUNRISE, FL 33351

SUBJECT: ARS GOALKEEPING, LLC

Ref. Number: L20000029960

We have received your document for ARS GOALKEEPING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>ARS</u>	Goalkeping	LC ited Liability Company	
	9		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	<u>-</u> . <u> -</u> .
	ARS Goalkeen	Ding LLC Frm/Company	
	4566 N. Hia	HUS Rd. Address	· .
	Surise FL	City/State and Zip Code 22. SOCCET 29 to be used for future annual report notif	
	alberto, ru E-mail address: (1	o be used for future annual report notif	mail.com
For further information c	oncerning this matter, please co	all:	
Juliana Name o		at ()Duytime	-5044 Telephone Number
Enclosed is a check for the	ne following amount:		
() \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	11 \$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

<u>ARS Goglheepin</u>	16 LLC
(Name of the Limite	(Cability Company as it now appears on our records.) Apported Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L20000</u>	ability Company as it now appears on our records.) Aborda Limited Liability Company) ability Company were filed on 1/23/2020 and assigned 29960 wing:
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	· · · · · · · · · · · · · · · · · · ·
N/A	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able: <u>N/A</u>
Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or re	BOX) egistered office address on our records, enter the name of the new registered
igent and/or the new registered office address	s here:
Name of New Registered Agent:	Alberto Ruiz
New Registered Office Address:	4566 N Hiotus Rd Emer Florida street address
•	Liner Florida street address Liner Florida 3335) 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.

Il Changing Registered Agent, Signature of New Registered Agent

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
MGR	Alberto Ruiz	4566 N. Hiatus Rd Sunitz Fg	3333/
		- 	□Remove
AMBR	Maria Dawig Riz	4546 NHiotus Rd, Sunrise	_ XAdd
		FL 33351	□Remove
			□Change
	Liliana Pobo	4 Slob N. Higtus Rd,	□Add
		Sunite fl 3335)	X IRemove
			[] Change
			□Add
			[]Remove
		. ~	ClChange
		 -	Cladd
			□Remove
			□Change
		717-11	STAdd
			□Remove
			ten .

N/A		
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	1.1.1 2620	4 4 4
ctive date, it other than the date of Affective date is listed, the date must be speci	itic and cannot be prior to date of filing or me	ore than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does ment's effective date on the Department	s not meet the applicable statutory filing	g requirements, this date will not be listed
ment serieense date on the teparimen	n of mare s records.	
and consisting a dalarged afficiency data. In	ut not en affantina tima et 12/01 a.m. /	on the earlier of: (b) The 90th day after t
filed.	de not an effective time, at 12.01 a.m. c	in the earner of (b) The winday after the
d 9-25-20	· ·	
Dru 1.		
<u> </u>		
	e of a member or authorized representative	