

L200000123856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

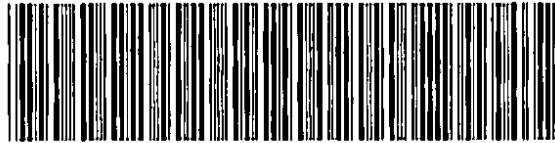
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/20--01015--026 **55.00

11/17

Amend

2020 OCT 13 PM 2:06

Sep 18, 2020

Arquit Digital LLC.
Maria Ines Paez

NOTICE OF WITHDRAWAL FROM PARTNERSHIP

This is to notify Maria Ines Paez, that effective Sep. 18th. 2020, I, Delfin Paez a member of Arquit Digital LLC voluntarily withdraws and ceases to be a member of Arquit Digital LLC, a Florida limited liability company which was established in accordance with the provisions of the Laws of The State of Florida dated 05/20/2020.

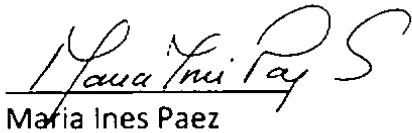
With the acceptance of the withdrawal, Maria Ines Paez agrees that Delfin Paez will be exempt of any responsibility related to assets, liabilities, or taxes of Arquit Digital LLC. since its formation date of 05/20/2020. In addition, Maria Ines Paez will be responsible to amend the withdrawal in the Articles of Organization of the Florida Limited Liability Company with the State.

Thank you for the opportunity,

Yours faithfully,



Delfin E. Paez



Maria Ines Paez

I, Maria Ines Paez, confirms, with signature, the acceptance of the withdrawal of Delfin Paez as a member of Arquit Digital LLC.

COVER LETTER

: **Registration Section**
Division of Corporations

BJECT: ARQUIT DIGITAL LLC

Name of Limited Liability Company

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

ase return all correspondence concerning this matter to the following:

MARIA INES PAEZ

Name of Person

ARQUIT DIGITAL LLC

Firm/Company

1131 W LAKE ST

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

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

For further information concerning this matter, please call:

DELFIN E PAEZ

561 306-4953
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 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**

ARQUIT DIGITAL LLC

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

Articles of Organization for this Limited Liability Company were filed on 05/07/2020 and assigned
Florida document number L20000123856.

This amendment is submitted to amend the following:

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

A

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:

N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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

IR = Manager

IBR = Authorized Member

[illegible]

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

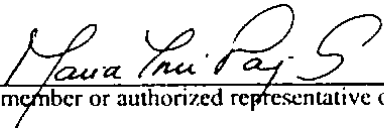
Effective date, if other than the date of filing: _____ (optional)

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)

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.

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.

Dated 10 | 02 | 2020, _____.



Signature of a member or authorized representative of a member

MARIA INES PAEZ

Typed or printed name of signee