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(Re	questor's Name)	
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	(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status	
(Bu	siness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. KIVERS

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ARKOYO HEDRA	NO AND ASSOCIATES LLC	
Name of	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
·	_	
So - d C	a Miedrano - Arcano	
Janare	Name of Person	
Arroyo	Medrano and Associates LLC	
,	Firm/Company	
22.70 Se	Raford Drive Address	
	Address	
: Nau'	72 11 22 11 1	
<u> </u>	City/State and Zip Code	
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For further information concerning this matter, plea-	se call:	
Sandra Hedrano-Arroyo	at (305) 984-7881 Area Code Daytime Telephone Number	
Name of Person /	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,	
Certificate of Status	s Certified Copy Certificate of Status & Certified Copy Certified Copy	:
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	h
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARROYO MEDRANO AN (Name of the Limited Liability Compan (A Florida Limited L	ID ASSOCIATES LLC
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{120000176549}{120000176549}$.	were filed on 624202 and assigned
Provida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	2270 Seaford Drive
(Principal office address MUST BE A STREET ADDRESS)	2270 Seaford Drive Wellington, FL 33414
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Martin	Arroyo Feliciano
New Registered Office Address: 2270	Seaford Drive Enter Florida street address Florida 33414
welling-	100 Florida 33414

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBK	Sandra Medranu-Arry	o 2270 seaford Drive	Add Add
		o 2270 Seaford Drive Wellington, Fl 33414	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ctive date, if effective date is	fother than the data listed, the date must be	te of filing: : specific and c	annot be prior	to date of filir	ng or more than	(optiona 0 days after fili	il) ng.) Pursuant to 605	.020
e: If the date	inserted in this block ive date on the Depar	does not me	et the applic	able statutor				
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cord specifies :	a delayed effective da	ate but not a	n effective ti	me at 12:01	am on the ea	rlier of: (b)	The 90th day after	r the
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