L20000311129

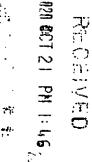
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARCHANDART L	LC		
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			_
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
_			Driving Record
Requested by: SETH	10/20/20		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Walk In	\$\$700 r \$1.0 x r		UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Solution of Co.	ection rporations		
SUBJEC	ARCHAN	DART LLC		
		Name of Lir	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing	
		ondence concerning this matter		
		Albert Corrada		
			Name of Person	<u> </u>
		Albert Corrada CPA		
			Firn/Company	
		2655 LeJeune Road, Suite	902	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		acorrada@corradacpa.com		
or furthe	er information e	oncerning this matter, please c	to be used for future annual report notificatio	n)
Albert Co		·	305 804-8569	
	Name of	Person	at () Area Code Daytime Tele	phone Number
Enclosed	is a check for th	e following amount:		
_	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)
F [F	Mailing Address Registration S Division of Co P.O. Box 632	ection prporations 7	Street Address: Registration Section Division of Corporat The Centre of Tallah	ions assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ARCHANDART LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	ty Company were filed on 10/01/2020 and assigned
Florida document number L20000311129	·
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
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 AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> c:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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.

Zip Code

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>	Name	Address	Type of Action
MGR	FERNANDO J BLOUSSON	5966 S DIXIE HWY SUITE 300	
		MIAMI, FL 33143	■ Remove
MGR	VEDONICA DELLICIU I DITTU		□Change
	VERONICA DELUCHI LEVENE	5966 S DIXIE HWY SUITE 300	□Add
		MIAMI, FL 33143	■Remove
AMBR	CONSTANZA BLOUSSON	5966 S DIXIE HWY SUITE 300	□Change
		STOOLS DIXIE HWY SUITE 300	\B Add
		MIAMI, FL 33143	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			[]Change
			□Add
			□ Remove
			□Change

		
		
		
<u> </u>		
Note: If the	ate, if other than the date of filing: 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 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	207 (l as t
record spec d is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
10/21/	/2020	
Dated	A).	
_	Signature of a member or authorized representative of a member	
<u></u>		
—	ONSTANZA BLOUSSON Typed or printed name of signee	

Filing Fee: \$25.00