LZ0000311887

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(dusiness chuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800354046098

10/28/20--01010--006 **30.00

2020 OCT 28 AM II: 01

LA-12/07/20

COVER LETTER

TO: Registration Se Division of Cor						
	GROUP LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:				
	LUIS R VILLA					
		Name of Person				
	ARCION GROUP LLC	ARCION GROUP LLC				
	3019 SW 4TH ST					
		Address				
	MIAMI, FL 33135					
ARCION GROUP LLC Firm/Company 3019 SW 4TH ST Address						
	F-mail address (to be used for future annual report no	itification)			
For further information c	concerning this matter, please ea	all:				
LUIS R VILLA						
Name c	if Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he 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 Addres	Section	Street Address: Registration S				
☐ \$25.00 Filing Fee Mailing Address	■ \$30.00 Filing Fee & Certificate of Status 883 Section	Certified Copy (additional copy is enclosed) Street Address:	Certificate of S Certified Copy (additional copy is			

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

ompany as it now appears on our record nited Liability Company)	<u>(k.)</u>
pany were filed on 10/01/2020	and assigned
liability company here:	
Liability Company," the designation "LLC	7.5
	2020 S.G.L.
<u></u>	00
	~ ~ ~ =
	<u>≥</u> 11
	·
Tice address on our records, <u>enter</u>	the name of the new registere
Enter Florida street addre	25
, F)	lorida Zıp Code
<u> </u>	Liability Company," the designation "LLC S) Fice address on our records, enter

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

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
PS	SR LUIS VILLA	3019 SW 4 ST MIAMI, FL 33135	□Add
			≣Remove
MGR	LUIS R VILLA	3019 SW 4 ST MIAMI, FL 33135	= Add
			□Remove
			□Change
VP	SR ROBERTO RODRIGUEZ	163 62 ST WEST NEW YORK, NJ 07093	🗀 Add
			■Remove
			□Change
AMBR	ROBERTO A RODRIGUEZ	163 62 ST WEST NEW YORK, NJ 07093	≅Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-		
_		
-		
-		
-		
-		
-		
•		
ffect	tive date, if other than the date of filing:	
an ef	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	0207 (
	nent's effective date on the Department of State's records.	.u as i
ote:		
ote:		
cote: ocum	ord 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
<u>(ote:</u> ocum		the
ocum recor Lis fi	OCTOBER 20 2020	the
iote: ocum	OCTOBER 20 2020	the
ocum recor	OCTOBER 20 2020	the
ocum recor	OCTOBER 20 2020	the

Filing Fee: \$25.00