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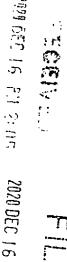
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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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

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Arianna's Gifts LLC.		
		Art of Inc. File
	İ	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
g		Vehicle Search
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Requested by: SETH		UCC 1 or 3 File
Name Date	— — — — — — — — — — — — — — — — — — —	UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick	Up	Courier

COVER LETTER

TO: Registration So Division of Con			
	Gifts LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Aguilar, CPA		
	Ides of Amendment and fee(s) are submitted Liability Company Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Ides of Amendment and fee(s) are submitted for filing. Idea of Person Idea of Person Idea of Person Idea of Certification Status Idea of Certificate of Certificate of Status Idea of Certificate of Certificate of Status Idea of Certificate of Certificate of Certificate of Status Idea of Certificate of Certificate of Certificate of Status Idea of Certificate of Certificate of Certificate of Status Idea of Certificate Option of Certificate of Certificate of Certificate Option of Certifica		
	Hoyos & Aguilar, P.A.	PA Name of Person P.A. Firm/Company In Blvd, Suite 310 Address 33134 City/State and Zip Code Indicess: (to be used for future annual report notification) please call: 305 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
		Firm/Company	
	814 Ponce De Leon Blvd,	Suite 310	oytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Section Corporations of Tallahassee
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
		•	ication)
For further information of	concerning this matter, please c	all:	
Richard Aguilar, CPA			
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration of Control Division of Control Division of Control Division Control Division of Control Division	Section Corporations 27	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arianna's Gifts LLC						
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on December 4, 2020	and assigned				
Florida document number L20000371175						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
N/A						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	218 South East 14 Street, PH 4	·				
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131					
	- · · · · · · · · · · · · · · · · · · ·	2020				
		R 71				
Enter new mailing address, if applicable:	218 South East 14 Street, PH 4					
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131					
		2				
B. If amending the registered agent and/or registered office	address on our records, <u>enter the</u>	name of the new registered				
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	. 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

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
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			□Remove
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Filing Fee: \$25.00

Typed or printed name of signee