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## **COVER LETTER**

SUBJECT: ARTUR	20 WHOLESALE, LLC.
	Name of Limited Liability Company
The enclosed Articles of Am	nendment and feers) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	LILIANA LEAL
	Name of Person
	ARTURO WHOLESALE, LLC
	Firm Company
	2408 SW 57th AVE
	Address
	MIAMI, FL 33155  City/State and Zip Code  [iliana@gmail.com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	2
LILIANA	TEAL at (786) 5423137 Fig. Area Code Daytime Telephone Number Fig. 3
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the f	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (radditional copy is enclosed)

Mailing Address:

Registration Section

**Division of Corporations** 

TO:

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

ARTURO WHOLES ALE (Name of the Limited Liability Compan (A Florida Limited L.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 2000038574</u> 0		and assigned
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	ry Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		C24
		F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		σ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florid	ង
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
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