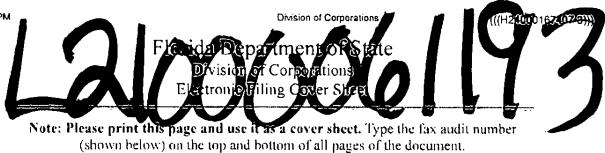
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number: I20110000064 Phone : (305)381-8500 Fax Number : (305)675-2854

some annual report mailings. Enter only one email address please.**

Some Email Address: frontdesk@marcellfelipe.com **Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARNAU LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13056752854

ARNAU LLC (Name of the Limited Liability C (A Florida Lia	ompany as it now somes	rs on our records.)		
(A Flonda Lit	miled Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000061193</u>	pany were filed on _0	12/12/2021	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l Hability company be	ère:		
		<u>.</u>		2
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	designation "LLC" or the	bbreviation *L	LC.
Enter new principal offices address, if applicable:				=
(Principal office address MUST BE A STREET ADDRES	(22)		<u> </u>	1
	<u></u>	<u> </u>		- c) .
-		` .	M S	
Enter new mailing address, if applicable:	 :			
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ilice address on our r	records, enter the na	me or the new	registered
New Registered Office Address:				
	Enter Flo	orida street address		
	City	, Florida _	Ziv Code	
N . Salara d Amerik Standard Make at a Salara d	,-		ZIP Code	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered ages being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this aplete performance o at as provided for in	f my duties, and I am Chapter 605, F.S. O	n familiar wit r, if this docu	h and ment is
	If Changing Registered A	gent, Signature of New 1	Registered Agen	<u></u>

To:

(((H24000167407 3)))

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

Title	Name	Address	Type of Action
MGR	Jorge Alejandro Arnau Chavez	1200 PONCE DE LEON BLVD, STE 703	□Add
		CORAL GABLES FL 33134	BRemove
			□Change
MGR	Maria Eugenia Arnau Chavez	1200 PONCE DE LEON BLVD, STE 703	= Add
	·	CORAL GABLES FL 33134	□Remove
			□Change
			©Add
			□Remove
			DChange
		~	🖸 \\dd
			□Remove
		<u></u>	□Change
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			□Remove
			Change
-			DAdd
			□Remove
	·	· .	□Change

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ord : files	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after a d.	ihe
d <u>M</u>	(ay 7th aux)	