

L21 0000 74676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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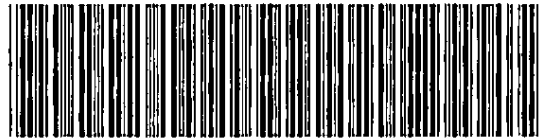
(Business Entity Name)

(Document Number)

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HALLANDALE, FL

CS
5/24/21

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AMIN ARIZA EDU TECH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIRO EMILIANI
Name of Person
SPEEDY PARALEGAL SERVICES, INC
Firm/Company
2010 SW 23RD ST
Address
MIAMI, FLORIDA, 33145
City/State and Zip Code
JEMILVE@AOL.COM
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

JAIRO EMILIANI at (305) 859-8537
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

AMIN ARIZA EDU TECH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 12, 2021 and assigned
Florida document number L21000074676.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A
City

Florida

N/A
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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
	N/A	N/A	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FIRST: THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION WAS/WERE
ADOPTED BY THE LIMITED LIABILITY COMPANY:

A) HEREBY STATES THAT ARTICLE V IS AMENDED AS FOLLOWS:

THAT THE PERSONS AUTHORIZED TO MANAGE THE LLC ARE:

1) AMIN ARIZA, MEMBER MANAGER DIRECTOR, ACTIVE CAPACITY

2900 N. 24TH AVE, SUITE 3101, HOLLYWOOD, FLORIDA, 33020

2) JAIRO LEBOLO, MEMBER, NON MANAGERIAL, PASSIVE

2900 N. 24TH AVE, SUITE 3101, HOLLYWOOD, FLORIDA, 33020

B) THAT THE CAPITAL CONTRIBUTIONS IN THE AMOUNT OF \$500 CASH SHALL BE PAID TO THE
LIMITED LIABILITY COMPANY BY THE TWO MEMBERS IN THE FOLLOWING AMOUNTS:

1) AMIN ARIZA, \$ 495.00 DOLLARS WITH AN EQUIVALENT OF 99% OWNERSHIP

2) JAIRO LEBOLO, \$5.00 DOLLARS WITH AN EQUIVALENT OF 1% OWNERSHIP

A MEMBERSHIP INTEREST IN THE LIMITED LIABILITY COMPANY MAY NOT BE SOLD OR
OTHERWISE TRANSFERRED EXCEPT WITH UNANIMOUS WRITTEN CONSENT OF ALL MEMBERS.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MARCH 1ST, 2021

Signature of a member or authorized representative of a member

JAIRO EMILIANI/SPEEDY PARALEGAL SERVICES

Typed or printed name of signer