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Division of Corporations

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\*\*Enter the email address for this business entity to be used for future 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARMAPOR LLC

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Help T. LEMIEUX JUN 1 2 2025 ·F

## ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

ARMAPOR LLC		
(Name of the Limited Liability C. (A Floride Lim	ompany as It now appears on our records, nited	)
The Articles of Organization for this Limited Liability Comp.  Florida document number £21000159676	pany were filed on <u>04/06/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, enter t	· <del> - <u></u>;  0                                   </del>
		m <b>o</b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floreda street address	
	, F'lor	
	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

Title	Name	Address	Type of Action
мдмв	PORTHIL	4886 NW 97 CT	bb∧⊡
		DORAL, FL 33178	
		·····	[]Change
AMBR	PORTELA HILBRINK, ARTURO M	4886 NW 97 CT	
		DCRAL, FL 33178	Remove
			Change
AMBR	PORTELA HILBRINK, LUIS E	4886 NW 97 CT	∰Aad
		DORAL, FL 33178	_
			□ Change
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Effective d	ite, if other than the date of Glina:				
Fun effective Note: If the document's	ate, if other than the date of filing: date is listed, the date must be specific and conduct inserted in this block does not me effective date on the Department of Sta	and be prior to date of the applicable statu o's records.	filing or more than 90 d tory filing requireme	_ (Optional)  lays after filing.) Pursua  ents, this date will no	nt to 605.0207. t be listed as i
record spe d is filed.	ifies a delayed effective date, but not a	effective time, at 12	01 s.m. on the earlie	er of: (b) The 90th o	sey after the
Dated	JUNE 10	025			
_	Artu	Parela			
	Signature of a me	ber or authorized repre	sentative of a member		