L21000168820

(Re	equestor's Name))
(Ac	ldress)	
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COVER LETTER

For TO: Registration Section
Division of Corporations

ARE CONSULTING & MANAGEMENT SERVICES, LLC

SUBJECT:	Name of Lin	nited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GLORIA GALINDEZ		
		Name of Person	
	Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: GLORIA GALINDEZ Name of Person ARE CONSULTING & MANAGEMENT Firm/Company 1919 VAN BUREN ST. #204 Address HOLLY WOOD, FL 33020 City/State and Zip Code ggalindezhomes@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: 786 286-7376 at (
		Firm/Company	
	1919 VAN BUREN ST, #2	204	
		Address	
	HOLLYWOOD, FL 33020		
	ggalindezhomes@gmail.co		
	ARE CONSULTING & MANAGEMENT Firm/Company 1919 VAN BUREN ST. #204 Address HOLLYWOOD, FL 33020 City/State and Zip Code ggalindezhomes@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 786 286-7376 at (
For further information c	oncerning this matter, please c	all:	
GLORIA GALINDEZ		786 286-7376	~. (
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
···			

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

ARE CONSULTING & MANAGEMENT SERVICES, 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 L. Florida document numberL210001688		were filed on		and assig	gned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabili	ity Company," the designation	"LLC" or the abbr	eviation "L.L	.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREE					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	ddress on our records, <u>e</u>	nter the name o	of the new	(?) registered
Name of New Registered Agent:	N/A				<u> </u>
New Registered Office Address:	N/A			 → :	7
		Enter Florida street a	ddress Florida	:: ' 	
		····;		my come	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GLORIA GALINDEZ	1919 VAN BUREN ST. # 204	
			□Add
		HOLLYWOOD, FL	□Remove
		33020	
			Change
VP	ARQUIMEDES LOPEZ	1919 VAN BUREN ST. # 204	
		HOLLYWOOD, FL	□Add
		BOLLI WOOD, FL	■Remove
		33020	
			□Change
N/A			
			□Add ()
			≃= □Remove
			~ :
NI/A			□Change
N/A			Remove
			Remove
			□ aı
N/A			□Change
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N/A			
		<u> </u>	□Add
			
			□Remove
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ective date, if other than the dat i effective date is listed, the date must be:	e of filing: specific and cannot be pr	ior to date of filing	or more than 90 days a	ptional) after filing) Pursuant	to 605 020
te: If the date inserted in this block	does not meet the app	licable statutory	filing requirements.	this date will not b	e listed a
cument's effective date on the Depar	lment of State's record	ds.			
ecord specifies a delayed effective da is filed.	te, but not an effective	time, at 12:01 a	.m. on the earlier of	(b) The 90th day	y after the
MAY 10TH	2021		-		
ted		XX	,		
		18	<i>'</i>		
	nature of a member or ad	Annual Control			

Typed or printed name of signee