Florida Department of State Division of corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000032073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

2023

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : 120200000022

Phone : (305)298-6579

Fax Number

: (305)643-5225

**Enter the email address for this business entity to be used for future ammuoi report maillings. Enter only one email address please. "

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL MARKETER & DISTRIBUTOR LM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

3

H 23000003207

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

& DISTRIBUTOR LM, LLC	
pany as it now appears on our records.) I Liability Company)	
y were filed on 05/13/2021	and assigned
bility company here:	
ility Company," the designation "LLC" or :	he abhreviation "Li-C"
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ac woolevillion L.L.C.
220 EAST 12 TH AVE	
MOUNT DORA, FL 32757	
www.com.com.com.com.com.com.com.com.com.com	ame of the new registered
DNZALEZ	2023 J <i>J</i>
AND RD A150	
Enter Florida struet address	ESC P
, Florida	33324,
٠٠٠٥	-: W
	Pany as it now appears an our records. I Liability Company) y were filed on O5/13/2021 Dility Company here: 220 EAST 12 TH AVE MOUNT DORA. FL 32757 MOUNT DORA. FL 32757 DNZALEZ AND RD A150 Enter Florida street address

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>	Name	Address	Type of Action
MGR	FASTER FUEL S.A.S.	TRANV 59 104 B 44	≅Add
		ROGOTA, COLOMBIA	ПРешоче
			Change
MGR ALEXANDRA MOSQUERA	ALEXANDRA MOSQUERA	10085 PRAIRIE DOVE AVE	
		LAS VEGAS, NV 89117	=Remove
		Change	
		□Rcmove	
		<u> </u>	
		DAdd	
		□Ramove	
		□Change	
		□Add	
		□ Remove	
			□Change
			⊡Add
			□Remove
			D.C.

•	
en ef ote:	ve date, if other than the date of filing:
eco: is fi	I 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 ed.
	January 04, 2023
ated	
ated	Signature of a member or authorized representative of a member