LZ1000288186

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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- COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	AXEL A. SOTO		
		Name of Person	
		Firm/Company	
	15341 SW 18TH ST		
		Address	
	MIRAMAR, FL 33027		
	arrenterprisesllc2021@gma	City/State and Zip Code il.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please concerning the please concerning this matter, please concerning the please	all:	
Axel A. Soto		954 801-7646 at ()	
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)
<u>Mailing Addr</u>	ess:	Street Address:	

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARR ENTERPRISES LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on JUNE 22, 2021	and assigned
lorida document number L21000288186	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	abbreviation "1,,1,,C,"
Enter new principal offices address, if applicable	::	
Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		?
	tered office address on our records, <u>enter the na</u>	ne of the new regis
gent and/or the new registered office address he	ere:	•
		•
Name of New Registered Agent:		
New Registered Office Address:		· : : : :
	Enter Florida street address	•
_	, Florida	
	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

<u>Title</u>	Name	Address	Type of Action
PRESIDE	AXEL A. SOTO	15341 SW 18TH ST	
		MIRAMAR, FL 33027	□Remove
			Change
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ın effect ote: If	tive date is listed, the the date inserted		e and cannot be pric not meet the appli	icable statutory filii		onal) filing.) Pursuant to 605.02 date will not be listed
record s is filed		d effective date, but	not an effective	time, at 12:01 a.m.	on the earlier of: (b)) The 90th day after th
Ju	ine 30th		2021			
			7	 •		

Typed or printed name of signee