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(Ac	ddress)	
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(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer	





07/03/24--01009--004 **58.80

COVER LETTER

Division of Co	·		
ARAMAN SUBJECT:	V, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	THOMAS RINGEL, ESQ).	
		Name of Person	
	Markowitz, Ringel, Trusty	/ & Hartog, P.A.	
		Firm/Company	 .
	9130 South Dadeland Blv	d., Suite 1800	
		Address	
	Miami, FL 33156		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ition)
For further information of	concerning this matter, please o	all:	
THOMAS RINGEL, ES		305 670-5000 at ()	
Name of Person		Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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 Addres Registration S		Street Address: Registration Section	nn
Division of C		Division of Corpo	
P.O. Box 632	27	The Centre of Tall	
Tallahassee, 1	FL 32314	2415 N. Monroe S Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability		
(V. Liotida I	Company as it now appears on our records, Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.21000308820	ompany were filed on July 6, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	ne name of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		ida
-		idaZip Code
-	, Flor	idaZip Code

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>	Address	Type of Action
MBR	DIAS DE OLIVEIRA, ERILENE	255 ARAGON AVE, 2ND FLOOR	□Add
		CORAL GABLES, FL 33134	≡ Remove
			□Change
AMBR	BANANA PANCAKES LTD	Ritter House, 5th Floor	= Add
		P.O. Box 3200. Road Town, Tortola	□Remove
		British Virgin Islands	[]Change
			Remove
			□Change
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n effective date i	f other than the slisted, the date me inserted in this b	ust be specifie a	and cannot be p	prior to date of	filing or more	than 90 days at	ter filing.) Pursi	ant to 605.02
cument's effec	tive date on the I	Department o	of State's reco	rds.	atory trinig to	quirements, i	ms date will i	ioi ne fisted a
cord specifies s filed.	a delayed effecti	ive date, but n	iot an effectiv	e time, at 12	2:01 a.m. on t	he earlier of:	(b) The 90th	day after th
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