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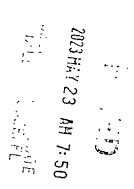
(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Elitty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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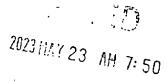
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COVER LETTER

	egistration Se ivision of Cor					
	· ARIGATO 88, LLC					
SUBJECT	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please ren	ян all correspo	endence concerning this matter	to the following:			
		FRANCY RODRIGUEZ				
			Name of Person			
		ATC PROFESSIONAL SI	ERVICES, INC			
			Firm/Company	****		
		760 NW 107TH AVE . SU	ЛТЕ 402			
			Address	 _		
		MIAMI, FL 33172				
			City/State and Zip Code			
		F.RODRIGUEZ.ATC@HC	OTMAIL.COM to be used for future annual report not	ME		
For further	r information c	oncerning this matter, please c	•	mication)		
FRANCY	RODRIGUEZ	<u>:</u>	786 440-1932			
	Name o	f Person		ne Telephone Number		
Enclosed i	s a check for th	ne 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>1ailing Addres</u> Legistration (<u>Street Address:</u> Registration Se	ection		
	Division of C		Division of Co			
	O. Box 632		The Centre of			
ı	fallahassee, l	FL 32314	2410 IN. IVIONIO	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ARIGATO 88, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11	The Control Comment of the Control o	
The Articles of Organization for this Limited Lia Florida document number L21000330370		and assigned
Florida document number described	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the</u> here:	e name of the new registered
Name of New Registered Agent:		
Name of New Neglinered Algent.		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	

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>	Address	Type of Action
MGR	ASDRUBAL JOSE FANEITE	6641 NW 105TH AVENUE, DORAL, FL 33178	= Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			
			Remove
			□ Change
			□Add
			Remove
			☐ Change

ASDRUBAL JOSE FANEITE	E OWNS 50% OF ALL THE RIGHTS AND MEMBERSHIP CERTIFICATES
OF THIS CORPORATION A	ND GAETANO D'ORONZO CAMPANA OWNS 50% OF ALL THE RIGHTS
AND MEMBERSHIP CERTI	IFICATES OF THIS CORPORATION. THIS IS HOW THE 100% OWNERSHIP
IS REPRESENTED.	
	<u> </u>
	05/16/2023
	date of filing:
rd specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
MAY 16	
	Lactars DD Signature of a member or authorized representative of a member

Filing Fee: \$25.00