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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: A	RI - SAL PA Name of Limi	OPERTIES	LLC
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel	Name of Person	
	ARI-SAL	PROPERTIES. Firm/Company	SLLC
	2198 K	endall Lane	2
	Winter	Haven, FL City/State and Zip Code	- 33881
	Salaines: (i	o be used for future annual report notif	Om leation)
For further information e	oncerning this matter, please ca	ill:	
Danielle	Virzi	$\frac{\text{at}(863)}{\text{Area Code}} = \frac{584}{\text{Daytime}}$	5-4024 Telephone Number
Enclosed is 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)	Cl S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

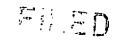
 $TO \cdot$ 

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



ART-SAI F	PROPERTIES	1 12022 AUG 29 AH 8: 18	
(Name of the Limited Liah (A Flori	ility Company as it now appears ( ida Limited Liability Company)	TALLARY RESIDE	
The Articles of Organization for this Limited Liability	Company were mea on	3-5-2021 and assigned	
Florida document number <u>L21000353</u>	<u>14</u> )		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	;	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	444		
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)	<u>.                                    </u>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, enter the name of the new register	ec
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
	City	Florida	
	Ciņ	zaji canac	

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 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	Salvatore J Virzi 3rd	2198 Kendal Lane	
		2198 Kendal Lane Winter Haven FL 338	38/jakemove
			□Change
MGR	Salvatore J Virzi Jr.	2198 Kendal Lane Winter Flaven, FL3	XAdd
		Winter Flaven, FL3	2006   □Remove
			□Change
			□Add
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Effecti	ve date, if other than the date of filing: (ontional)
Note:	ve date, if other than the date of filing:  (optional)  retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
docum	and we recently data to Department of Blate is recently.
ne record ord is file	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.
Dated_	August 26, 2022
	August 26, 2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00