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(Requesto	or's Name)
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COVER LETTER

Division of Cor			•
SUBJECT: AR	901 TECA Name of Lir	PORVICES Z	-: L. C
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CR18	HINN MANO	PRA
	MANCER	Name of Person A MC/A Al Firm/Company	pogados B
	1700 BR	11/2 AVR S	201/2 19503 PX 2:08
	MIAMI CManae	Address F. C. 33 / 3 City/State and Zip Code To be used for future annual report notif	3/ rail. 1004
For further information co	h-mail address: (oncerning this matter, please c		ication (
MISKNIAN Name of	1 MAMCRA	at (756) <u>766</u> Area Code Daytime	379/ Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARQUITECA (Name of the Limites	Jeron CE d Liability Company as it no A Florida Limited Liability Co	S 2 C (?		
The Articles of Organization for this Limited Lia Florida document number <u>4 2 (000)</u>	bility Company were file			and as:	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability com	pany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Compar	ry," the designation "LI	.C" or the abbrev	iation "L	L.C."
Enter new principal offices address, if applica	ble:		·	20.7	
(Principal office address MUST BE A STREET	ADDRESS)		- 12.1	AOM	- 7075
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		97.3 	+3 PH 2: 06	
B. If amending the registered agent and/or re agent and/or the new registered office address		n our records. <u>ent</u>	er the name of	the ne	w registerec
Name of New Registered Agent: New Registered Office Address:	JORGE V	IDAL 111eR F Enter Florida street add			
		,		/// In Code	'4_

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>	<u>Name</u>	Address	Type of Action
AMBR	CRUSTHAN MANC	PLA 1200 BRICKEll AN	
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ive date, if other than the date of filing:	(optional)		
fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirements	rys after filing.) Pu		
nent's effective date on the Department of State's records.			
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	τοί: (b) - The 90	Oth day af	er the
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10/28/21			
	7		
Signature of a member of authorized representative of a member			
		1	

Filing Fee: \$25.00