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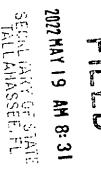
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SID IECT.	ARLIGHT.					
SUBJECT:			ited Liability Company			
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	-			
r icase return	an correspo	made concerning this matter	to the following.			
		Sebastian Ruvira				
			Name of Person			
			Firm/Company			
		990 Biscayne Blvd Suite O	1003			
		- · · · · ·	Address			
		Miami, FL 33132				
			City/State and Zip Code		 _	
		sruvira@claxson.com.uy				
			to be used for future annual	report notification)		
For further in	iformation c	oncerning this matter, please ca	ıll:			
Sebastian Ru	ivira		±1 30	54393428		
	Name o	f Person	Area Code	Daytime Teleph	one Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street A			
Registration Section			Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ARLIGHT, LLC

company has been notified in writing of this change.

2022 MAY 19 AM 8:31

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records: (Liability Company)	ECHETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000527521}{L21000527521}$		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		300000 j
	Enter Florida street address	
	Flor	rida
New Registered Agent's Signature, if changing Registered Agent	City 	Zip Code
		haaraanaa ka aanaaha saidh dh
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and provided for in Chapter 605, F.	II am familiar with and .S. Or, if this document is

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	SEBASTIAN RUVIRA	7550 Loch Ness Drive, Miami Lakes, FL 33014 US	= Add
			□Remove
			□Change
AMBR	ARLIGHT MANAGEMENT, INC		□Add
		7550 Loch Ness Drive, Miami Lakes, FL 33014 US	■ Remove
			□Change
			□Add
			□Remove
			Change
		-	□Add
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			🗆 Change
			DAdd
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<u></u>					<u>.</u>	
						
Effective date, if other	than the date o	f filing:			(optional)	
Note: If the date inserte	d in this block doe	s not meet the app	licable statutory	g or more than 90 d. / filing requireme	ays after filing.) Pu nts, this date wil	rsuant to 605.020° I not be listed as
document's effective dat	e on the Departme	nt of State's recor	ds.			
e record specifies a delay rd is filed.	ed effective date, b	out not an effectiv	e time, at 12:01	a.m. on the earlic	er of: (b) The 90	Ith day after the
Dated MAY 18,	, \	2022				
		/	·			
· · ·		.//				

Typed or printed name of signee