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Department of State
Division of Corporations

Date: 08/30/22

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: Aros LLC

Requester: Anna Saldana

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	AROSLU	C			
	Name of Lin	nited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
	dence concerning this matter				
	Anna	Sald and Name of Person			
	AROSLO	LC Firm Company			
•		Firm Company			
	1900 N Bal	shove Drive Ap	+ 2314		
	Miam.,	Flunda 33132 City/State and Zip Code			
•					
	E-mail address: (721@9MAIL COM to be used for future annual report notif	ication)		
For further information cor	ncerning this matter, please ca	all:			
Anna Solo	lana	at (<u>786</u>) <u>828 3</u> Area Code Daytime	646		
Name of F	·crw)n	Area Code Daytime	retephone Number		
Enclosed is a check for the	-				
525.00 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:		Street Address:			
Registration Se Division of Cor		Registration Section Division of Corporations			
P.O. Box 6327	1	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

15

Aros L				2022 AUG 30	AM 9: 15		
(<u>Name of the Limited Liabili</u> (A Flond	ity Company : a Limited Liah	is it now appea ility Company)	rs on our records.)	6 6 .			
The Amide of Samuel and a feet of their all inhilling		61	100001N1 12 3	TALLAHAS	SEE, FL		
The Articles of Organization for this Limited Liability C Florida document number <u>L22000 283</u>		re filed on	<u> </u>	OZZ and assigne	ca		
Florida document number <u>C22000 233</u>	<u> </u>						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	ited liabilit	y company h	ere:				
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the c	lesignation "LLC" or t	he abbreviation "L.L.C."	••		
Enter new principal offices address, if applicable:	_	·					
(Principal office address MUST BE A STREET ADDI	RESS)						
	_			<u></u>			
Enter new mailing address, if applicable:	_						
(Mailing address MAY BE A POST OFFICE BON)	_						
	_				·· ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office add	ress on our r	ecords, <u>enter the l</u>	name of the new re	gistered		
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:							
		Enter Florida street address					
			Florida	ì	<u>.</u>		
		City		Zip Code			
New Registered Agent's Signature, if changing Registere	d Agent:						
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete per gent as pro ed office ad	formance of vided for in G	my duties, and La Thapter 605, F.S.	am familiar with ar Or, if this documer	ıd		

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>	Name	Address	Type of Action
AMBR	Adnan A Culon	8210 UW 17/st ST	_ 32/vld
		NIAMI LAKES /FL 33015	□Remove
			©Change
AMBR	Sonia Clavell Rodnyu	(Z 9210 NW 17/st ST	_ MAdd
		MIAMI LAKES FL 33015	
			□Change
			□Add
			□Remove
			□Change
			_ ∃Add
			□Remove
			_ □Change
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			_ DRemove
			□Change