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(Re	questor's Name)	
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ARIA RES	SERVE FLORIDA LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonardo Heidner		
		Name of Person	
	Heidner Law Firm, P.C.		
	Name of Limited Liability Company Tamendment and fee(s) are submitted for filing, ondence concerning this matter to the following: Leonardo Heidner Name of Person Heidner Law Firm, P.C. Firm/Company 60E 42nd Street Address New York, N.Y. 10165 City/State and Zip Code leo@heidnerlaw.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 22 2 3029867 Area Code Daytime Telephone Number		
	60E 42nd Street		
		Address	
	New York, N.Y. 10165		,E P 2
	-	City/State and Zip Code	
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	E-mail address: 0	to be used for future annual report notific	cation) ω
For further information c	concerning this matter, please co	all:	2
Leonardo Heidner			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>882</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

ARIA RESERVE FLORIDA LLC

(<u>Name of the Lim</u>	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Florida document number <u>1.22000068108</u>		/09/2022	_ and a	ssig
This amendment is submitted to amend the fo	Howing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbro	rviation "	آياپڙ
Enter new principal offices address, if appl	icable:		?2 S	.
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	1803E
				
	-		PH	<u>;_;</u>
T			ယ္	
Enter new mailing address, if applicable:			~~	42 **
(Mailing address MAY BE A POST OFFICE	<u> </u>			- <u>-</u> -
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re	ecords, enter the name	of the ne	ew res
agent and of the new registered office addr	cas nere.			
Name of New Registered Agent:				
New Registered Office Address:	5255 Collins Ave. Apt. 10H			
	Enter Flor	ida street address		
	Miami Beach	Florida _ ³³¹⁴	0	
	City		Zip Code	•

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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 being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

<u>Title</u>	<u>Name</u>	Address	Type of t
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Tective date, if other than the date in effective date is listed, the date must bete: If the date inserted in this bloc	specific and canno	t be prior to da	e of filing or mos	e than 90 days aft	er filing.) Pursua his date will not	nt to 60 t be lie
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