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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

AREPUES	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub indence concerning this matter			
	EMANUEL MARTINEZ			
	AREPUES LLC	Name of Person		2722 AUG SECRCI TALL/H
		Firm/Company		JG -5 CT/R: YASS
	325 NW 102ND STREET			in "
	MIAMI FL 33150	Address		PH12: 14 OF STATE ELFLORID:
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	tification)	
For further information c	concerning this matter, please c	all:		
EMANUEL MARTINE	Z	786 369-9437		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Mailing Addres Registration ( Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 81	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREPUES LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	<u>ur records.</u> )			
The Articles of Organization for this Limited Liability C	ompany were filed on APRIL	21, 2022	an	ıd assig	gned
Florida document number 1.22000190875	_·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the	abbreviati	on "L.L	.C."
Enter new principal offices address, if applicable:			TASS	2012	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		∑ 200 200 200	Ails	<u>:</u>
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	<del></del>		CO.	ਗ	
			77 77 77 77 77 77 77 77 77 77 77 77 77	를 도	<u>.</u> .
Enter new mailing address, if applicable:			eul IVIS	<del></del>	_ <del>'-</del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<del></del> -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	ls, <u>enter the na</u>	me of th	e new	registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida str	eet address			
•••		, Florida _			
	City		Zip (	Code	
New Registered Agent's Signature, if changing Registered	l Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agong filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt	luties, and I am er 605, F.S. Oi	familia r, if this	ir with docun	and nent 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>	Name	Address	Type of Action
MGR	MONIKA HENAO	325 NW 102ND STREET	□ Add
		MIAMI FL 33150	■Remove
			□Change
MGR EMANUEL MARTINEZ	EMANUEL MARTINEZ	325 NW 102ND STREET	Add
		MIAMI FL 33150	□Remove
			☐ Change
			□Add  SSECTION Remove  ASSECTION Change
			□ Remove □ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Typed or printed name of signee