

h22000211974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

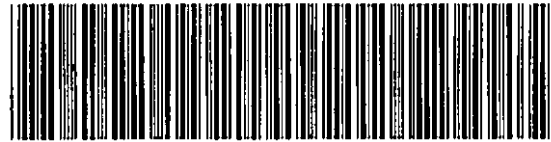
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2022-01-11 10:05

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aromali LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beissy L Osorio Gomez  
Name of Person

Aromali LLC  
Firm/Company

5541 Bay Lagoon Cir  
Address

Orlando FL 32819  
City/State and Zip Code

beissyosorio1972@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beissy L Osorio  
Name of Person

at ( 407 ) 946-7030  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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

Aramali LLC

The Articles of Organization for this Limited Liability Company were filed on 05/04/2022 and assigned Florida document number L22000211974.

21

NP

12

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City Zip Code*

n/a

**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>          | <u>Address</u>                          | <u>Type of Action</u>                   |
|--------------|----------------------|-----------------------------------------|-----------------------------------------|
| MGR          | Beissy / Osorio Gamy | 5541 Bay Lagoon Cir<br>Orlando FL 32819 | <input checked="" type="checkbox"/> Add |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |
| MGR          | Maria Ramirez Osorio | 5541 Bay Lagoon Cir<br>Orlando FL 32819 | <input checked="" type="checkbox"/> Add |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |
|              |                      |                                         | <input type="checkbox"/> Add            |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |
|              |                      |                                         | <input type="checkbox"/> Add            |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |
|              |                      |                                         | <input type="checkbox"/> Add            |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |
|              |                      |                                         | <input type="checkbox"/> Add            |
|              |                      |                                         | <input type="checkbox"/> Remove         |
|              |                      |                                         | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Handwritten signature: *NP*

8:22  
11:07  
11:55

E. Effective date, if other than the date of filing: *NA* (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated *July 21*, *2022*.

*[Signature]*  
Signature of a member or authorized representative of a member

*Baiss L OSORIO.*  
Typed or printed name of signee