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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARIA RESERVE 1106 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:

JORGE ANDRES CASTRO

Name of Person

EL DOLAR TAX

Firm/Company

12 W. HALLANDALE BCH BLVD

Address

HALLANDALE BCH, FL 33009

City/State and Zip Code

eldolartax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE ANDRES CASTRO

Name of Person

at (305) 510-7200

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP -9 AM 9:19

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARIA RESERVE 1106 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/15/2022 and assigned Florida document number L22000272222

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

540 BRICKELL KEY DR
APT # 1705
MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

540 BRICKELL KEY DR
APT # 1705
MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AIDA BAKER

New Registered Office Address:

540 BRICKELL KEY DR # 1705

Enter Florida street address

MIAMI

City

Florida

33131

Zip Code

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

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

Aida Gutierrez Baker

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	Manuela Jimenez	20828 NE 2ND CT	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURICIO ROJAS SOTO	540 BRICKELL KEY DR	<input checked="" type="checkbox"/> Add
		Apto # 1705	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	AMAHIA SIERRA CORREAL	540 BRICKELL KEY DR	<input checked="" type="checkbox"/> Add
		Apto # 1705	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<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

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TALLAHASSEE, FL

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FILED

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2022 SEP -9 AM 9:19
The 50th day after the
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00