

122000273769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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[Signature]

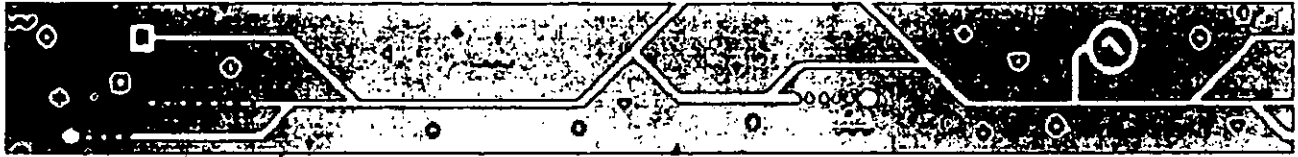


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08/11/22--01005--022 **25.00

22 AUG 11 AM 10:23

Division of Corporation



zenbusiness

Aug 2, 2022

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

22 AUG 11 AM 10:23
FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: **ArauzNextGen LLC**

To Whom It May Concern:

Attached please find the executed **ARTICLES OF AMENDMENT** for the above referenced.
Please review and file the attached document on a routine basis. Please note that this document is
signed with a conformed signature.

PLEASE DO NOT INCLUDE THIS COVER PAGE IN THE FILING EVIDENCE.

Once completed please forward the filed confirmation or notification to the address listed
below:

ZenBusiness Inc
Attention: Jenny C.
336 E College Ave, Ste 301
Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at
fulfillment@zenbusiness.com.

Thank you,

Jenny C.
ZenBusiness Customer Success

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ArauzNextGen 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:

Jenny C.

Name of Person

ZenBusiness Inc.

Firm/Company

336 E College Ave, Ste 301

Address

Tallahassee, FL 32301

City/State and Zip Code

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

22 AUG 11 AM 10:23
DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

Jenny C.

Name of Person

844 493-6249
at (_____) _____
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

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

22 AUG 11 AM 10:23
DIVISION OF CONSUMER AFFAIRS
STATE OF NEW YORK

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

22 AUG 11 AM 10:23
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (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 August 2, 2022

/s/ Nestor Arauz

Signature of a member or authorized representative of a member

Nestor Arauz

Typed or printed name of signee