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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Arnot Wales 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:
Idanay Gonzalez Name offerson
Firm/Company
1330 13th st
City/State and Zip Code  arnot wals @ email . Com  F-mail address: (to be used for Hiture annual report notification)
For further information concerning this matter, please call:
Idanad Gon 30 les at (561) 774-4502 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arnot Wales LL	<u>-C</u>	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability O	Company were filed on <u>D7/</u> 59,69	107/2022 and assigned
This amendment is submitted to amend the following:		
¥. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
製.If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		1
	Enter Florida st	reet address
		Florida
	City	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.

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
AMBR	Idanay Gonzaliz	1330 13th St	Add
	•	West Palm Beach, Fl	□ Remove
		33401	□Change
			□Add
			□Remove
			□Change
			□Add
			☐Rem <b>ge</b> NO
	<del></del>		SECRETARY OF STATE
			E STARcmod
			□Change
			□Add
			□Remove
		<del></del>	□ Change
	·		□Add
			□Remove

□ Change

D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effer <u>Note:</u> I	ve date, if other than the date of filing:
If the record record is file	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 d.
Dated _	Nov 4th 2022.
	Signature of a member or authorized representative of a member
	Emmanuel Printed Typed or printed name of signee