## L22000322400

Office Use Only



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06/26/23--01016--001 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE

MM

## **COVER LETTER**

TO: Registration Division of C					
ARTICA SUBJECT:	GROUP ELC				
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	RAMI SANTIAGO NOUI	REDDINE MOUHTAR			
		Name of Person	·		
	ARTICA GROUP LLC				
	-	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	9300 FONTAINEBLEAU	BLVD. APT 106			
		Address			
	MIAMI, FL 33172				
		City/State and Zip Code	<del></del> .		
	RAMINOUREDDINE3@C	GMAIL.COM to be used for future annual report no	titication)		
For further information	n concerning this matter, please c	·	,		
RAMI SANTIAGO N	OUREDDINE MOUHTAR	786 620-4231			
Name of Person		at () Area Code Daytii	me Telephone Number		
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection		
Division of	f Corporations	Division of Co	orporations		
P.O. Box 6 Tallahassed	327 2, FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		
			Tallahassee FL 32303		

ADTICA CROUDLIC

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	my)		
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L22000322400</u> .	n JULY 20, 2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compar	<u>ıv here</u> :		
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)			
	E R		
Enter new mailing address, if applicable:	<del>55</del> <del>8</del>		
(Mailing address MAY BE A POST OFFICE BOX)	SE SE		
	<u></u> ————————————————————————————————————		
	구출 2		
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	or records, enter the name of the new regis		
Name of New Registered Agent:			
N D			
New Registered Office Address:	er Florida street address		
	, Florida		
City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			

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

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

alizacion	<u>Title</u>	Name	<u>Address</u>	Type of Action
_	AMBR	Michelle N Guerra Miquilena	3450 NW 85TH COURT # 100	
			APΓ # 447	☐Remove
			DORAL, FL 33122	
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				□Change
		·		
09-01-07				□Remove
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F Fffee	tive date, if other than	the data of fil	lina		100	ntional)	
Note:	tive date, if other than flective date is listed, the dat . If the date inserted in the ment's effective date on t	is block does no	ot meet the appl	licable statutory f	r more than 90 days a lling requirements,	fter filing.) Pursuant to this date will not be	605.020 listed a
If the reco	ord specifies a delayed eff filed.	ective date, but r	not an effective	time, at 12:01 a.	m, on the earlier of	(b) The 90th day a	after the
	. JUNE 15		2023	<			
Dated	I JUNE 15		_,		Ki-		
					11		

Filing Fee: \$25.00

Typed or printed name of signee