L2200325794

(Requestor's Name)			
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
J. HORNE			
NOV - 3 2022			



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TO:	Registration Section	
	Division of Corporations	

SUBJECT:	ARASULI 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:



For further information concerning this matter, please call:

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	12 NOV -2 NH 8: ECREMENT OF L		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u></u>		<u> </u>
The Articles of Organization for this Limited Liability Company were filed on $7 - 22 - 22$ Florida document number 122000325794	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited 1 ability company here</u> :			
The new name must be distinguishable and contain the words "Limited Lubility Company," the designation "LI C" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:		 -	
(Principal office address MUST BE A STREET ADDRESS,			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>enter</u> registered agent and/or the new registered office address here:	the name of the	<u>new</u>	
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
- Florida			

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.

Cirv

If Changing Registered Agent. Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

T

MGR = Manager AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
<u>AMB</u> R	Ubaldo Mursuli	12735 Canyon Bay LN	Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 p05.0207 (3)(b) Note: If the date inserted in this block does not meet the appl cable 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 11 2 22 . Signature of a member or authorized representative of a member

Alain Aragon Typed or printed name of signee

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Filing Fee: \$25.00