## L22000325199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE DEC 14 2022



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1	ACCESS, INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
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	PIC	CK UP: <u>MISTY 12/13</u>		
	CERTIFIED COPY			
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	CUS			
XX	FILING	LLC AMEND		
1. 2.	ARASULI LLC (CORPORATE NAME AND DOC	CUMENT #)		
<i>-</i> .	(CORPORATE NAME AND DOC	CUMENT #)		
3.	(CORPORATE NAME AND DOC	CUMENT #)		
4.	(CORPORATE NAME AND DOC	CUMENT #)		
5.	(CORPORATE NAME AND DOC	CUMENT #)		
6.				

## **COVER LETTER**

I

TO: Registration Section Division of Corporations

Arasuli LLC. Name of Limited Liabili y Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ubaldo Mursuli Name of Person
Arasuli UC
9141 Sw 73 rd Street
MiAMI FL 33173 City/State and Zip Code Wally Mreal for DG mail Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ubaldo Mursuli Name of Person an<u>Ga</u>S 403-1442 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/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT	
TO	Ell ED
ARTICLES OF ORGANIZATION	ΞD.
OF	2022 DEC 13 AH 9: 29
	13 AH 9:20
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Linuxed Liability Company)	SECRETARY OF A SECRETARY OF A
The Articles of Organization for this Limited Liability Company were filed on $7 - 22 - 22$	
Florida document number $\underline{L22000325.794}$	and assigned
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 abbr	
Enter new principal offices address, if applicable:	eviation "L.L.C."
(Principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY PE A DOST OWNER	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Cin	Zip Code
ew Registered Agent's Signature, If changing Registered Agent	

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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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	Ubaldo Mursuli	10735 Canyon boy LN	O Add
		10735 Canyon boy LN Boynton Bch FL 33473	Remove
			Change
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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 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	12/13/22
	Malus
	Signature of a member or autiorized representative of a member
	Ubaldo Mursuni Typed or pristed name of signee

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Filing Fee: \$25.00