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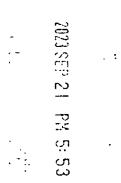
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10/3/2023

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		AARATA LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ELYSA R. MERLIN, ESQ.	
		Name of Person	
		DOROT & BENSIMON, PL	
		Firm/Company	
	20295	5 NE 29TH PLACE, SUITE 201	
		Address	
		AVENTURA, FL 33180	
		City/State and Zip Code	
		corporate@dorbenco.com	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
DANIEL BENSIMON.	ESQ.	at () 219-4947 Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 9		Street Address: Registration Sc	ection
Division of Corporations		Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
rananassee, rt. 52514		ATID IN MOIN	of outcom outer triv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 21 PM 5: 53

KAMARATA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 0.8/23/2022Florida document number <u>1.22000369869</u> 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 abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
MGR CARLOS BOR	CARLOS BORGES	20295 NE 29TH PLACE	
		SUITE 201	■Remove
		AVENTURA, FL 33180	
		⊡Add	
		□Remove	
		□Change	
		□Remove	
			□Change
		□Remove	
		□Change	
		□Add	
		Remove	
		□ Change	
••		□Add	
			□Remove
		□Change	

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(It an effec Note: If	tive date, if other than the date of filing:
If the record record is filed	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 l.
Dated _	August 28 , 2023.
	August 28 2023
	Signature of a member or authorized representative of a member
	PEDRO FENJVES

Typed or printed name of signee