

9/13/22, 12:45 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000387175

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
 Account Number : I20070000033
 Phone : (305)649-7040
 Fax Number : (305)649-0477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Araicaisabel@gmail.com

2022 SE 13 11:3:21

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 DARK SPIRIT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 SEP 13 AM 9:36

APPROVED
 AND
 FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARK SPIRIT 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:

Ana Isabel Araica
Name of Person

Perez Arche and Accounting
Firm/Company

4011 W. Flagler st ste 501
Address

Coral Gables, FL 33134
City/State and Zip Code

Araicaisabel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Isabel Araica at (305) 244-6184
Name of Person Area Code 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
ARTICLES OF ORGANIZATION
OF

DARK SPIRIT 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 09-08-2022 and assigned Florida document number L22000387175

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DARK SPIRITS, LLC

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)

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

Florida

City

Zip Code

SECRETARY OF STATE
ALAIMA SHERIFF
2022 SEP 13 AM 9:36

APPROVED
AND
FILED

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EUGENIA M. VALENTIN	765 CRANDON BLVD	<input checked="" type="checkbox"/> Add
		KEY BISCLAYNE, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Add EIN 92-0270244 and
Correct NAME of Register Agent
Ana Isabel Araica, Attached Original
Document

E. Effective date, if other than the date of filing: 09-13-2022 (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 605.0207 (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 September 13, 2022:

Ana Araica
Signature of a member or authorized representative of a member

Ana Isabel Araica
Typed or printed name of signee