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Certified Copies	_ Certifica	tes of Status	
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Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

-Divi	ision of Corp	porations		
SUBJECT:	Aries Florid	la Realty Group, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
	un von vspo	indende concerning this matter	to the killowing.	
		Jonathan Taboada		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite 3	801	
			Address	<del></del>
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: ()	o be used for future annual repor	t notification)
For further in	formation co	oncerning this matter, please ca	all:	
c/o ZenBusi	ness INC		844 493-624 at ( )	19
•	Name of	Person		aytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F		□ \$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)
	ling Address		Street Addres Registration	
Div	ision of Co	orporations	Division of	Corporations
P.O	). Box 632	7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION

Aries Florida Realty Group, 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 12/12/2023	and assigned
Florida document number 1.22000401683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Aries Realty Group LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e 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)		
	21 11-7	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the n</u>	ame 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
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 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
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			□Remove
			□Change
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			□ Change

	Signati	ure of a member or at	itnorized representat	ive of a member	
/s/Mayra A	Imeida Perez	ure of a member or a	at - do. I		
ted		. 2023	<u> </u>		
ecord specifies a de s filed.	layed effective date,	but not an effective	e time, at 12:01 a.r	n. on the earlier of:	(b) The 90th day after t
n effective date is liste te: If the date inse	ner than the date of ed, the date must be spe rted in this block do date on the Departm	ecific and cannot be process not meet the app	ior to date of filing o licable statutory fi	(op r more than 90 days aff ling requirements, t	tional) ter filing.) Pursuant to 605.0 his date will not be listed
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