L2300011854

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COVER LETTER

Division of Cor					
AREPA K	ING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARTA RODRIGUEZ				
		Name of Person			
UNLIMITED SERVICES 2 LLC					
	Firm/Company				
		Address			
	CORAL SPRINGS FL 330	771			
	UNLIMITEDSVCS2@GM	Si 20			
	E-mail address: (to be used for future annual report notificati	on)	23 O	
For further information of	concerning this matter, please c	all:			5 (************************************
MARTA RODRIGUEZ		754 269-7727		30 HASS	
Name o	of Person	Area Code Daytime Tel	ephone Number	2023 OCT 3 0 AM 9: 47 SECTATABLY OF STATE TALLAHAS SEE, FL	
Enclosed is a check for t	he following amount:			TE 47	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREPA KING LLC			
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were filed on FEBI Florida document number L23000077854	RUARY 13, 2023	_ and assig	ned
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 desi	gnation "LLC" or the abbre	eviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
 			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2.2	- 23 -	
		23 00	- Girona
B. If amending the registered agent and/or registered office address on our rec	ords, enter the name	-,	registe
agent and/or the new registered office address here:	(n) A	
Name of New Registered Agent:		9:47	
New Registered Office Address:	a street address		
Enter riorial	, 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

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

Title	Name	Address	Type of Action
MGR	AARON DAVID RAMIREZ	1720 ADAMS ST	= Add
		HOLLYWOOD FL 33023	□Remove
			□ Change
			
			□Remove
			Change
			□Remove
			SF Dange
			Add Francisco
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			□Remove
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Note: If the	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Department.	t does not n	neet the appli	cable statutor	ng or more than y filing requi	(option 90 days after fi rements, this o	ial) ling.) Pursua late will no	nt to 605. t be liste	0207 (3 d as th
the record spe cord is filed.	ecifies a delayed effective d	ate, but not	t an effective	time, a: 12:0 i	a.m. on the	arlier of: (b)	The 90th	day after	the
	OCTOBER 20		2023						
Dated	_		•	 •					
Dated	1.11	\leq							
Dated	N F	gnature of a	member or aud	horized represe	entative of a me	mber			

Filing Fee: \$25.00