

L230000085584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

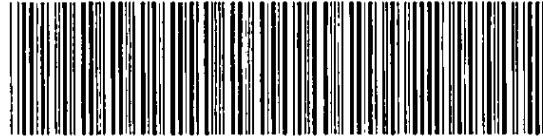
(Document Number)

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FILED

2023 MAR 22 AM 9:25

CLERK OF STATE  
TALLAHASSEE, FL



RECEIVED

2023 MAR 21

AM 10:29

DIRECTOR'S OFFICE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: Amount: \$25.00

Authorization Signature: \_\_\_\_\_

Arepasmania Sawgrass LLC L23000085584

Business Name

Document #

☐ **Certified Copy of Articles of Incorporation**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Limited Liability

☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ APOSTILLE \_\_\_\_\_  
Country

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent or office  
☐ Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ Revocation of Dissolution

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: AREPASMANIA SAWGRASS LLC  
Ref. Number: L23000085584

We have received your document for AREPASMANIA SAWGRASS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last two AMBR's must list the complete name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 923A00006596

RECEIVED  
2023 MAR 22 PM 2:35  
DIRECTOR OF REGISTRATION  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AREPASMANIA SAWGRASS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 MAR 22 AM 9:25

SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/16/2023 and assigned

Florida document number L23000085584.

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 "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: BOLD MANAGEMENT LLC - Maria M. Laveglia

New Registered Office Address: 175 SW 7th St, Suite 1520  
Enter Florida street address

MIAMI Florida 33130  
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.*

DocuSigned by:

Maria Macarena Laveglia

AAC128CC007D486

If Changing Registered Agent, Signature of New Registered Agent

If appointing 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>
MGR	ALEXIS AGOPIAN	1951 NE 185 TER	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Remove
		FL 33179 UN	<input type="checkbox"/> Change
AMBR	ALEXIS AGOPIAN	1951 NE 185 TER	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33179 UN	<input type="checkbox"/> Change
AMBR	BOLD INVESTMENTS USAA LLC	175 SW 7TH ST SUITE 1520	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AREPASMANIA PARTNERS LLC	7430 BUCHANAN ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<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
			<input type="checkbox"/> Change

Typed or printed name of signee