

5/30/23, 12:31 PM

Division of Corporations

L23000148786

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LORES LAW PLLC
Account Number : I20230000079
Phone : (305)433-7701
Fax Number : (305)433-7709

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

Email Address: edrian@loreslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARPHA SERVICES LLC

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Corporate Filing Menu

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MAY 31 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARPHA SERVICES 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:

ADRIAN LORES DE LA PENA

Name of Person

LORES LAW PLLC

Firm/Company

550 BILTMORE WAY, STE 1201

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

ADRIAN@LORESLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN LORES DE LA PENA

Name of Person

at 305 433-7701
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 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

ARPIA SERVICES 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 03/23/2023 and assigned
Florida document number L23000148786.

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.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:

LORES LAW PLLC

New Registered Office Address:

550 BILTMORE WAY, STE 1201

Enter Florida street address

Coral Gables

Florida

33134

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 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>
MGR	ARPHA GROUP HOLDING CORP	4905 NW 72ND AVE, STE 5, Miami, Florida 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alfonso Rodriguez De La Cruz		<input type="checkbox"/> Add
		4905 NW 72ND AVE, Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ramon Ramos Ferrer		<input type="checkbox"/> Add
		4905 NW 72ND AVE, Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hecney H. Rodriguez Reza		<input type="checkbox"/> Add
		4905 NW 72ND AVE, Miami, Florida 33166	<input checked="" 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

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 May 29, 2023

Signature of a member or authorized representative of a member

Alfonso Rodriguez De La Cruz

Typed or printed name of signee