5/30/23, 3:48 PM Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H23000196591 3)))



H230001965913ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

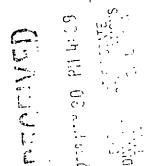
Account Number : I20190000047

Phone : (321)946-6560

Fax Number : (865)704-9120

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

Email Address:_



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **A&R PRO REALTY GROUP LLC**

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

Electronic Filing Menu Corporate Filing Menu

HelpS. ROBERTS

MAY 3 1 2023

نٿ

COVER LETTER

TO:	Registration Se Division of Cor				
STORE	CT.	A&R PRO RE	ALTY GROUP LLC		
SUBJE	SUBJECT: Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			AURA ANDRADE		
			Name of Person		
		A&R PR	O REALTY GROUP LLC		
			Firm/Company		
		167	0 ROOSEVELT BLVD		
			Address		
		DAY	TONA BEACH, FL 32124		
			City/State and Zip Code		
			osstuccoai@hotmail.com o be used for future annual report n	Ottification)	
For furt	her information c	oncerning this matter, please ca	-		
Sandra	Danis Ramos		407 205 0002		
	Name o	f Person	al () Area Code Dayt	ime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$ 25	5.00 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

05/30/23 03:52PM EDT SANDRA CASTILLO TAX SERVIC -> Sunbiz 383 Pg 4/6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&R PR	O REALTY GROUP LLC		
(Name of the Limited Li (A F)	ability Company as it now appear forida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	04/04/2023	and assigned
Florida document number L23000168596	 •		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	DDRESS)		202
			<u> </u>
			(3
Enter new mailing address, if applicable:			:3 ::
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		*
			<u> </u>
			34
B. If amending the registered agent and/or registagent and/or the new registered office address he		ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Flor	ida street address	
_		, Florida _	
	Cihi		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
AMBR	Roberto F. Gonzalez	1670 Roosevelt Blvd	च Add
		Daytona Beach, FL 32124	□Remove
			□Change
			□Add
			□Remove
			□Change
			DbbA
			□Remove
			□Change
			□Add
			□Remove
			□Change
			bbA⊡
			□Remove
			☐Change
			□Add
			□Remove
			□Change

Note: If the date inserted i	an the date of filing:date must be sprior to	(optional) date of filing or more than 90 days after filing.) ele statutory filing requirements, this date of	
	04/04/2023		
			
		····	
_			
		<u> </u>	
	<u> </u>		

Filing Fee: \$25.00