L23000378897

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9/15/2023

COVER LETTER

Division of Co	rporations	←	•		
Aravelos I	LLC				
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Ruben Ravelo				
		Name of Person			
	Aravelos LLC				
		Firm/Company			
	4960 SW 17TH ST				
		Address			
	Fort Lauderdale Fl 33317				
		City/State and Zip Code			
	rubenravelo482@gmail.com				
	E-mail address: (to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
Ruben Ravelo		813 900-3804			
Name (of Person		ne Telephone Number		
Enclosed is a check for t	be following amount:				
■ \$25.00 Filing Fee	_	(7) \$55.00 Elling Eq. 8.	C con on pulse per		
■ \$25.00 Fitting 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 Addre		Street Address:			
Registration Section		Registration Se			
Division of Corporations		Division of Co	rporations		

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARAVELOS LLC

2023 AUS 25 AM 7: 11

(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 $\frac{08/11/2023}{1}$ and assigned Florida document number _____L23000378897 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: New Registered Office Address: Enter Florida street address City

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> </u>	<u>Name</u>	Address	Type of Action
MGR	Ruben Ravelo	4960 SW 17th Street Fort Lauderdale FI 33317	≣ Add
			Remove
			□Change
	<u></u>		□Add
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____ □Change

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an effecti lote: If	ive 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 605.03 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (3 as th
	the date on the Department of State's records.	as u
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record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
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