L23000440161

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08/27/24--01015--017 **43.75



A. RAMSEY

COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
eun ica		SEGUNDO LLC		
SORTE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	illing. wing: e of Person //Company iddress e and Zip Code or future annual report notification) 786 558-5671 Area Code Daytime Telephone Number 00 Filing Fee & Gentificate of Status & Certificate of Status &
Please re	etum all correspo	ndence concerning this matter	to the following:	
		GERARIX) G RE		
			Name of Person	
		ARRE RIO SEGUNDO LI	ı.c	
			Firm/Company	
		11510 SW 147FH AVE U	NIT 21	
			Address	
		MIAMI FL 33196		
			City/State and Zip Code	
		arrerio2@gmail.com		<u></u>
		E-mail address: (to be used for future annual report noti	(fication)
For furth	her information c	oncerning this matter, please c	all:	
GERAF	RDO G RE			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$2 5	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addres			ection
	Division of C			
	P.O. Box 632	27	The Centre of	
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2024 NOV -4 AM 8: 20

ARRE RIO	SEGUNDO	LLC
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(Name of the Limited Lis (A Flo	orida Limited	iability Company)	ecoros.)		
The Articles of Organization for this Limited Liability Florida document number 1.23000440161	ty Company	were filed on <u>09/21/2023</u>	and assigned		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liab	ility company here:			
The new name must be distinguishable and contain the words	Limited Liabi	lity Company," the designation	"I.I.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable		11510 SW 147TH AVE U	INIT 21		
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33196			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		MIAMI FL 33196 address on our records, e			
Name of New Registered Agent:	ERARDO G	RE			
New Registered Office Address:	1510 SW 147	TH AVE UNIT 21			
		Enter Florida street o			
<u>M</u>	IIAMI	City	_, Florida 33196 Zip Code		
New Registered Agent's Signature, if changing Regis	tered Agent				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis	gent and agr nd complete ed agent as	ree to act in this capacity performance of my dution provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is		

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>	Address	Type of Action
MGR	PABLO J ARGUELLO	8181 SW 162ND CT	
		MIAMI FL 33193	≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the of an effective date is listed, the date must sote: If the date inserted in this block ocument's effective date on the Department.	be specific and one in the spe	cannot be prior cet the applic	to date of fili able statutor	ne or more than	(option 90 days after firements, this	iling.) Pursuant te	o 605.02 : listed :
record specifies a delayed effective is filed.	date, but not a	m effective t	ime, at 12:0	a.m. on the e	earlier of: (b)	The 90th day	after th
October 29	·	2024	<u>.</u> .				
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	ignature of a m	ebo Pe	orized represe	nlative of a mo	mber	 	-

Filing Fee: \$25.00