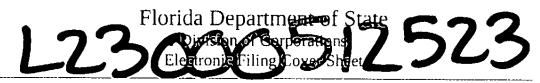
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:__

HIGHLIC AMND/RESTATE/CORRECT OR M/MG RESIGN **ARZLA LLC**

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NOV 30 2023

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

ARZLA LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 423000512523	lity Company were filed on 11/13/23	and assigned
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
	stered office address on our records, <u>enter</u> the na	me of the new registe
agent and/or the new registered office address h	<u>ere</u> :	* 3
Name of New Registered Agent:		023
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zip Cnde ∼
New Registered Agent's Signature, if changing Regi	istered Agent:	12
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further a und complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. O istered office address. I hereby confirm that the l inge.	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	NUNEZ, ISABEL ALTAGRACIA	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
			X Change
			□Add
			□Remove
			□ Change
			□ Add
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applica	to date of filing or more than table statutory filing require	(optional) 20 days after filing.) Pursuant to 60 aments, this date will not be lis	
If the record specifies a delayed effective record is filed.	e date, but not an effective ti	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day aft	er the
Dated November 29th	2023			
		rized representative of a men		

Typed or printed name of signee