

L23000526072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

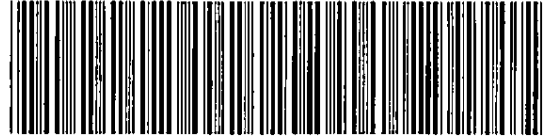
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600439045356

11/05/24--01007--012 \*\*25.00

FILED  
2024 NOV -5 PM 4:18  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

ARA Professionals 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:

Blanca R Fernandez

Name of Person

Raul A. Montaner

Firm/Company

14750 SW 26 ST # 113

Address

Miami FL 33185

City/State and Zip Code

aa9legalservices@gmail.com

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

For further information concerning this matter, please call:

Blanca R Fernandez

Name of Person

at 305, 216-1559

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**

ARA PROFESSIONALS LLC

(Name of the Limited Liability Company as it now appears on our records).  
(A Florida Limited Liability Company)

FILED  
2024 NOV -5 PM 4:18

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/22/2023 and assigned  
Florida document number 123000526072.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.*

N/A

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	JANELL ASHLEY MIRON	11430 N. KENDALL DR. STE 203., MIA, FL 33176	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENISE MORENO	11430 N. KENDALL DR. STE 203., MIA, FL 33176	<input checked="" type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ATTACH AFFIDAVIT SHOULD REFLECT ON RECORD.

FILED  
2024 NOV -5 PM 4:18  
ALLAHABAD, FLORIDA

(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)

Typed or printed name of signee

**Denise Moreno**  
11430 North Kendall Drive #203  
Miami, FL 33176

**Affidavit of Statement of Fact**

Date: October 28, 2024

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

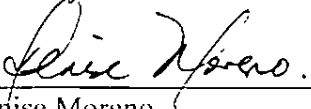
Re: ARA Professionals LLC.

To Whom It May Concern:

1. I, Denise Moreno, am the MGR of ARA Professionals LLC since the filing of the Limited Liability Company on November 22, 2023, together with Antonio E. Blanco also a MGR.
2. I need to report the fraudulently change done by Janell Ashley Miron on October 7, 2024.
3. Ms. Miron deleted me from the Limited Liability Company (ARA Professionals LLC) without our authorization on October 7, 2024.
4. I am requesting that is affidavit of fact of false filing by Ms. Miron is recorded with the attched and enclosed amendment adding myself as the rightful manager.

If you have any further questions, please do not hesitate to email me at [denise.0209@gmail.com](mailto:denise.0209@gmail.com).

Sincerely,

  
\_\_\_\_\_  
Denise Moreno

FILED  
2024 NOV -5 PM 4:18  
TALLAHASSEE, FLORIDA

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000526072

**Entity Name:** ARA PROFESSIONALS LLC

**Current Principal Place of Business:**

11430 NORTH KENDALL DRIVE  
203  
MIAMI, FL 33176

**Current Mailing Address:**

11430 NORTH KENDALL DRIVE  
203  
MIAMI, FL 33176 US

Unauthorized  
Change

**FEI Number:** 83-4695206

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIRON, JANELL ASHLEY  
11430 N KENDALL DRIVE  
SUITE 203  
MIAMI, FL 33176 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JANELL ASHLEY MIRON

10/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MIRON, JANELL ASHLEY  
Address 11430 NORTH KENDALL DRIVE, SUITE  
203  
City-State-Zip: MIAMI FL 33176

Title MGR  
Name BLANCO, ANTONIO E  
Address 11430 NORTH KENDALL DRIVE, SUITE  
203  
City-State-Zip: MIAMI FL 33176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANELL ASHLEY MIRON

MGR

10/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date