# L23000548027

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(Address)
(Address)
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·
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## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/21/2024

NAME: ARGAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATIÓN: ABBIE/PAUL HODGE

### **COVER LETTER**

TO: Registration S Division of Co					
· ARGALI	LLC				
SUBJECT:					
The enclosed Articles o	f Amendment and fee(s) are sub-	omitted for filing			
	oondence concerning this matter	-			
	Orlee Arfi				
		Name of Person			
	Argal				
		Firm/Company	<del> </del>		
		• •			
	900 Park Centre Blvd STE				
		Address			
	Miami FL 33169				
		City/State and Zip Code			
	orlee@argalco.com				
	E-mail address: (	to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
Orlee Arfi		305 610-4445			
Name	of Person	Area Code Daytim	e 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		<u>Street Address:</u> Registration Sec	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ARGAL LLC

2024 MOV 21 AM IO: 28

(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  $\frac{12/13/2023}{12/13/2023}$ and assigned Florida document number \_\_\_\_\_L23000548027 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 "L.L.C." 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 \_\_, Florida \_\_\_ 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 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>	Name	Address	Type of Action
AMBR	Argal Restaurant Supplies USA Inc	900 Park Centre Blvd	
		Unit 400D	■Remove
		Miami FL 33169	□Change
			□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

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		(9-1)

Filing Fee: \$25.00

### **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:  Name of Limited Liability Company					
Please return all corresp	ondence concerning this matter	to the following:			
	Orlee Arfi				
	<del></del>	Name of Person			
	Argal				
	<del></del>	Firm/Company			
	900 Park Centre Blvd STE 400D				
		Address			
	Miami FL 33169				
		City/State and Zip Code	<del></del>		
	orlee@argaleo.com				
Dan Carlo and and an artist		to be used for future annual report not	ification)		
ror turiner information of	concerning this matter, please c	aii:			
Orlee Artī		305 610-4445 at ()			
Name c	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Se	ection		
Division of C		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303