## 124000047963

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(Address)
,
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(City/State/Zip/Phone #)
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## **COVER LETTER**

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Tallahassee, FL 32314

· TO:

TO: Registration 5 Division of Co			
ARISTA :	PROPERTIES, LLC		
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARGARITA PEREZ, E	SQ.	
		Name of Person	-
	LAW OFFICES OF MAR	GARITA PEREZ, P.A.	٠.;
		Firm/Company	<u> </u>
	5001 SW 74 COURT, SUI	ITE 104	
		Address	
	MIAMI, FL 33155		
		City/State and Zip Code	——————————————————————————————————————
	pedrosanchez@phorcysbuil		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Margarita Perez		786 493-0747	
Name	of Person		ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 633		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARISTA PROPERTIES, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company	were filed on January 25, 2024	and assigned
forida document number L24000047963	<u></u>	<u></u>
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ARISTA PROPERTIES I, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		,
Principal office address MUST BE A STREET ADDRESS)	11417 NW 122 STREET, #14	
	MEDLEY, FL 33178	
	•	
nter new mailing address, if applicable:	•	· ==
Mailing address MAY BE A POST OFFICE BOX)	11417 NW 122 STREET, #14	<del>ີ່</del> ວ່: ທ
	MEDLEY, FL 33178	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	ame of the new regis
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.

If Changing David and LA 1977

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ctive date, if other than the date of filing:		Contion	d).	
effective date is listed, the date must be specific and cannot be prior to date of filing or more	e than 90 d	_ (optiona ays after fili	ng.) Pursu	ant to 605.02
e: If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records.	requireme	nts, this do	ate will n	ot be listed
services and on the population of blade 3 records.				
and anni Green and through official in the state of the s	.1 (*)	5 (1)	TI OOA	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	i the earm	er or: (b)	The 90th	day after th
$\mathcal{A}$				
ed				
Signature of a member of authorized representative of	f a member			

Filing Fee: \$25.00