

# L24000218450

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

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Account Number : I20220000138  
Phone : (786)239-9353  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARBAJE AUTOS LLC

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M. SOLOMON

SEP 20 2024

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARBAJE AUTOS 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:

LEWIN SALOMON ARBAJE JIMENEZ

Name of Person

ARBAJE AUTOS LLC

Firm/Company

18640 BOBLINK DR

Address

HIALEAH, FL 33015

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

LEWIN SALOMON ARBAJE JIMENEZ

at (305)

364-5123

Name of Person

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBAJE AUTOS LLC

(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 05/16/2024 and assigned  
Florida document number L24000218450.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18640 BOBLINK DR

HIALEAH, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18640 BOBLINK DR

HIALEAH, FL 33015

**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:

LEWIN SALOMON ARBAJE JIMENEZ

New Registered Office Address:

18640 BOBLINK DR

*Enter Florida street address*

HIALEAH

*City*

, Florida 33015

*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.*

*Lewin Salomon Arbafe Jimenez*

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	ARBAJE AUTOS SRL	AV ROMULO BETANCOURT 1560 BELLA VISTA	<input checked="" type="checkbox"/> Add
		SANTO DOMINGO, DO	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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