## L24000224560

(Requestor's Name)
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## **COVER LETTER**

3

TO: Registration Section

Div	ision of Cor	porations					
	ARENAS APPLIANCES RECYCLING LLC						
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	_				
r tease return	an correspo	adence concerning this matter	to the following.				
		ARM	ANDO JAVIER VALDES ARE	NAS			
			Name of Person				
			Firm/Company				
			8600 N 10TH ST				
		· · · ·	Address	<del></del>			
			TAMPA, FL 33604				
			City/State and Zip Code	**************************************			
			av507814@gmail.com				
		E-mail address: (	to be used for future annual report no	otification)			
For further in	iformation c	oncerning this matter, please c	all:				
ARM	ANDO JAV	/IER VALDES ARENAS	813 347-636 at ()	6			
	Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a	check for th	ne following amount:					
<b>■</b> \$25.00 I·	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)			
Mai	ilina Addres	c·	Street Address:				
Mailing Address: Registration Section			Registration Section				
Division of Corporations				Division of Corporations			
P.O. Box 6327				The Centre of Tallanassee			
Tallahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-11

ARENAS API	PLIANCES RECYCLING LL	c //LED
(Name of the Limited Liabit (A Florid	lity Company as it now appears la Limited Liability Company)	on our records ) - 3 PM 3: 36
The Articles of Organization for this Limited Liability ( Florida document number		Statisting
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the des	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		cords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la street address
		, Florida
<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

t 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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARMANDO J VALDES ARENAS	8600 N 10TH ST, TAMPA, FL 33604	<b>≘</b> ∧dd
			□Remove
			ClChange
MGR	SYNTHIA VIDAL ROSALES	8600 N 10TH ST, TAMPA, FL 33604	C] <b>\</b> dd
			Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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