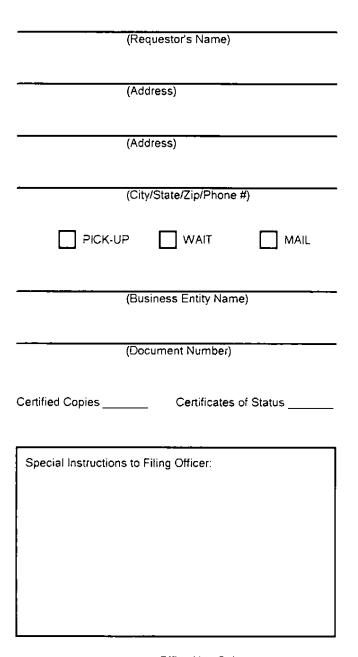
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Office Use Only



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SECULIARIY DE STAT

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	AriKato Ll.	.C		
SOBJEC	- I	Name of Lim	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concurning this matter	to the following:	
		Kristopher March		
			Name of Person	
		AriKato LLC		
			Firm/Company	
		800 SE 4TH AVE UNIT 1	07	
			Address	
		HALLANDALE BEACH,	FL. 33021	
			City/State and Zip Code	
		arikatolle@gmail.com		
		E-mail address: (to be used for future annual repo	rt notification)
For furth	er information c	concerning this matter, please ca	all:	
Ariel Bo	ouskila		561 352-52	34
	Name o	of Person	at () Area Code E	Daytime Telephone Number
Enclosed	Lis a check for t	he following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>ss:</u>	Street Addre	<u>::ss:</u>

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

AriKato LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our record liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000265333}{1.000000000000000000000000000000000000$	were filed on 6/10/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED NUM 18 PH 2: NAME AND SEE, F
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	—— <u>/</u> //A	
New Registered Office Address:	Enter Florida street addre.	NA.
		lorida
	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 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>	Type of Action
1 MBR	Kristopher March	800 SE 4TH AVE UNIT 107	= Add
		HALLANDALE BEACH, FL 33009	□Remove
			□ Change
AMBR	Ariel Bouskila	800 SE 4TH AVE UNIT 107	□Add
		HALLANDALE BEACH, FL 33009	□Remove
			Change
	 		□Add
			□Remove
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f an effective date is Note: If the date i	nserted in this block do	cific and cannot be prior to		(optional) 190 days after filing.) Pursuant to rements, this date will not be	
document's effect	The same of the sa				
locument's effect	·	but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the

Filing Fee: \$25.00