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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	La The state of Limited Liability Company Name of Limited Liability Company	
	,	
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	rm all correspondence concerning this matter to the following:	
	Rafael A. Marina Name of Person	
	La Arca, LLC Firm/Company	
	17530 SN 68Th Ct	s 21
	South west Canches FL, 33331 City/State and Zip Code in Fo Company Cigars, Com E-mail address: (to be used for future annual report notification)	FILET OF STATE SECRETARY OF STATE TALLAHASSEE, FL
For further	r information concerning this matter, please call:	E SI
	Dominick Parla piano at (786) 803-4423	— FE 5
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
□ \$ 25.00	O Filing Fee \$\Bigsquare \$\\$30.00 \text{ Filing Fee & }\Bigsquare \$\\$55.00 \text{ Filing Fee & }\Bigsquare \$\\$55.00 \text{ Filing Fee & }\Bigsquare \$\Bigsquare \$\\$60.00 \text{ Filing Fee & }\Bigsquare \$\Bigsquare \$\\$Certificate of Status & Certified Copy (additional copy is enclosed) \text{ Certified Co (additional copy})	of Status & py

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La ARCA, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 5, 2024	and assigned
Florida document number L.24000342995		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20P4 AUG 26 SECRETARY TALLAHA
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 th</u>	e name of the new registered
Name of New Registered Agent:		- H
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 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>	Type of Action
AMBR	Adrian Bazian	7844 Shalimar Street	= Add
		Miramar, FL 33023-2428	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			SEENETING 26 PH 3: SEENETING Y OF STALLING ASSIST
			A AUG 26 PM 3: 15 BALLAGANSSIZE, FL Remove
			□Change
			□Remove
			Change
			□Add
			□Remove

____ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	PH 3:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 4 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be f document's effective date on the Department of State's records.	isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ecord is filed.	fter the
Dated 08 20/2024	
Signature of a member or authorized representative of a member	
Rafael Maring. Typed or printed name of signee	

Filing Fee: \$25.00