

L230002754283

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H230002754283

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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arimirservices@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAKED 561 LLC**

Certificate of Status	0
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2023 AUG -8 PM 3:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG -8 PM 4:57

Electronic Filing Menu

Corporate Filing Menu

2023 AUG -8 PM 4:57
T. LEMMON

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H230002184203

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAKED 561 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 04/28/2023 and assigned
Florida document number L23000211033

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)

1405 N CONGRESS AVE # 12

DELRAY BEACH, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1405 N CONGRESS AVE # 12

DELRAY BEACH, FL 33445

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:

New Registered Office Address:

1405 N CONGRESS AVE # 12

Enter Florida street address

DELRAY BEACH

City

Florida 33445

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

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08/08/2023 14:20

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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>
AMBR	JEFFREY CIRKS	1405 N CONGRESS AVE # 12	☒ Add
		DELRAY BEACH, FL 33445	☐ Remove
			☐ Change
AMBR	CHRIS PLASENCIA	1405 N CONGRESS AVE # 12	☒ Add
		DELRAY BEACH, FL 33445	☐ Remove
			☐ Change
AMBR	JOVANI CAPRIO	1405 N CONGRESS AVE # 12	☒ Add
		DELRAY BEACH, FL 33445	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

if 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 after the record is filed.

Dated AUGUST. 8 2023

Signature of a member or authorized representative of a member

JUAN TUNON

Typed or printed name of signee

Filing Fee: \$25.00

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