

48000251257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12/06/18--01015--022 **05.00

2018 DEC -6 4:13:06

FILED

D. SCOTT
DEC 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARC WORKING GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZEHIR ALBERTO RESTREPO

Name of Person

ARC WORKING GROUP LLC

Firm/Company

130 NE 26TH AVE APT # 102

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

ZEHIR50@GMAIL.COM

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

For further information concerning this matter, please call:

Zehir Alberto Restrepo

Name of Person

at

561 460-0004

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

REC-6 6/15/06

ARC Working Group LLC.

The Articles of Organization for this Limited Liability Company were filed on 10/25/2018, and assigned Florida document number L18000251257.

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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>	<u>Type of Action</u>
✓ MGR	PAULA ANDREA SERNA	130 NE 26TH AVE APT 102 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

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

AMENDING OF LAST NAME OF AMBR :PAULA ANDREA CERNA BY PAULA ANDREA SERNA AND

ALSO THE TITLE :MGR./

90 31 9-13-18

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E. Effective date, if other than the date of filing: 12/03/2018 **(optional)**

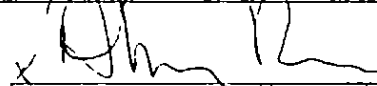
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

12/03/2018

x 

Signature of a member or authorized representative of a member

ZEHIR ALBERTO RESTREPO

Typed or printed name of signee