

F190000002232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

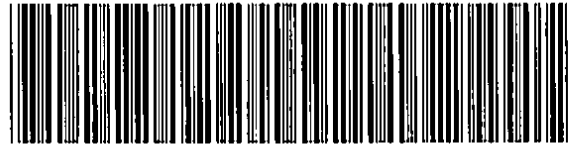
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600393354056

Amend

11/03/22--01010--019 **35.00

ALLAHASSEE, FL 05

2022 NOV -3 PM 2:16 2022 NOV -3 AM 11:24

RECEIVED FILED

A. RAMSEY
NOV 04 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARECA INC

Signature _____

Requested by: SETH

11/01/22

Name

Date

Time

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARECA INC.

Name of Corporation

DOCUMENT NUMBER: F1900002232

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira R. Shapiro

Name of Contact Person

Ira R. Shapiro P.A.

Firm/Company

16375 NE 18 Avenue, Suite 225

Address

North Miami Beach, FL 33162

City/State and Zip Code

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

For further information concerning this matter, please call:

Ira R. Shapiro

Name of Contact Person

at (305) 944-3936

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000002232

(Document number of corporation (if known))

1. ARECA OF FLORIDA INC.

(Name of corporation as it appears on the records of the Department of State)

2. British Virgin Islands

(Incorporated under laws of)

3. 5/8/2019

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2022 NOV -3 AM 11:24


FILED

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/Capacity	Name	Address	Type of Action
PC	GUILLELMO LIBERMAN	9999 COLLINS AVE, PH-4D	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
SD	VICTOR D. RODRIGUEZ	9999 COLLINS AVE, PH-4D	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
TD	MARITZA FERNANDEZ	9999 COLLINS AVE, PH-4D	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
PD	LORENZA TEJEIRA DELGADO	9999 COLLINS AVE, PH-4D	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
SD	Maria Guadalupe Ordonez	9999 COLLINS AVE, PH-4D	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove

* SEE ATTACHED

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



 (Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
 LORENZA TEJEIRA DELGADO PD
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00

*9.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TD	Soraya E. Perez Gonzalez	9999 Collins Ave, PH-4 Bal Harbour, FL 33154	Add

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