

L 05 000061563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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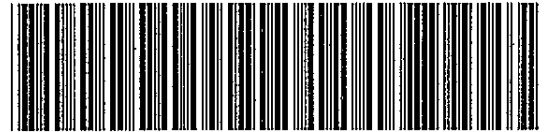
(Business Entity Name)

(Document Number)

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12/29/05--01013--022 **13.75

01/25/06--01010--026 **11.25

2/20/06/06

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06 JAN 25 PM 1:53

SEUL JUNG O. STATE
TALLAHASSEE, FLORIDA

5P

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MACAPI LLC

DOCUMENT NUMBER: L05000061563

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA PECHE

(Name of Contact Person)

MACAPI LLC

(Firm/ Company)

3948 SAN SIMEON LN

(Address)

WESTON FL 33331

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

LAURA PECHE

(Name of Contact Person)

at (954) 588-6660

(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
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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06 JAN 25 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2006

LAURA PECHE
MACAPI, LLC
3948 SAN SIMEON LN.
WESTON, FL 33331

SUBJECT: MACAPI, LLC
Ref. Number: L05000061563

We have received your document for MACAPI, LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$11.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted are for a corporation, but your entity is an LLC. Please find enclosed the proper form for your LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 706A00001449

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06 JAN 25 PM 1:53
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIDEFIELD CAPITAL LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Maria Arenillas

(Name of Person)

WIDEFIELD CAPITAL LLC

(Firm/Company)

4474 Weston Rd # 180

(Address)

Davie FL 33331

(City/State and Zip Code)

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06 JAN 25 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ana Maria Arenillas

(Name of Person)

at (954) 349-9913

(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MACAPI LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 01/18/2006 and assigned document number L0500061563.

SECOND: This amendment is submitted to amend the following:

Article I: The name of the LLC will be: WIDEFIELD CAPITAL LLC

Article II: The Business and Mailing Address of the company is:

4474 Weston Rd # 180. Davie FL 33331

Article V: The name and address of the Manager-Member is:

Ana Maria Arenillas. 4474 Weston Rd # 180. Davie FL 33331

Dated 01/18, 2006


Signature of a member or authorized representative of a member

Ana Maria Arenillas

Typed or printed name of signee

06 JAN 25 PM 1:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00