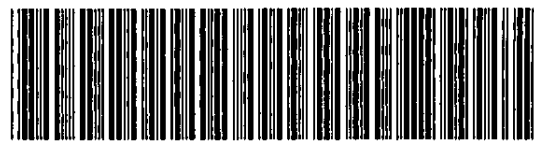


LO7000109749



600296399726

03/21/17--01012--012 **25.00

(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

FILED
17 MAR 21 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AR HOME ACCESSORIES L.L.C.
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:

Alfredo Rodriguez
Name of Person
AR HOME ACCESSORIES L.L.C.
Firm/Company
7400 NW 17th Street, Unit 203
Address
Plantation, FL 33313
City/State and Zip Code
arhomes25@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Rodriguez at (954) 8603085
Name of Person Area Code Daytime Telephone Number

FILED
17 MAR 21 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

• 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	Alfredo Rodriguez	7400 NW 17th Street, Apt 203	<input type="checkbox"/> Add
		Plantation, FL 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAR 29 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

