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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arriaga Holdings, 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:

Jeffrey Kaplan  
Name of Person

Arriaga Holdings, LLC  
Firm/Company

12417 Hidden Brook Dr.  
Address

Tampa FL 33624  
City/State and Zip Code

jeff@shopinsuranceonline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Kaplan at 813.789-4713  
Name of Person 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

Arriaga Holdings, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rasa Anton	12417 Hidden Brook Dr Tampa FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sarah Arriaga	2517 Lorraine St. Tampa FL 33604	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jeffrey Kaplan	12417 Hidden Brook Dr Tampa FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated November 3, 2010

Signature of a member or authorized representative of a member

Jeffrey Kaplan

Typed or printed name of signee