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2017 APR 18 PH 12: \$3
SECRETARY OF STATE

T. CLINE
APR 19 2012
EXAMINER

COVER LETTER

Division of Co		•			
SUBJECT:	ARREDONE	OO HOLDINGS, LLC			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Anita C. Arredondo			
		Name of Person			
	Ar	redondo Holdings, LLC			
		Firm/Company			
		Address			
	Tampa, FL 33609				
		City/State and Zip Code arredondoholdings@tampabay.rr.com			
	1 ation)				
For further information	concerning this matter, please	to be used for future annual report notificated:	,		
	a C. Arredondo		84-2556 FAC		
Name	of Person	Area Code & Daytime	ASS.		
Enclosed is a check for	the following amount:		4.33 40.43 8 10.43		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of flatus 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

(Name of the Limited Liability (A Florida Li	Company as it now appears of mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on Nove	ember 22, 2010 and assigned
Florida document numberL10000120957	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7A.E.
(Principal office address MUST BE A STREET ADDRE	ESS)	AR A
		A A A A A A A A A A A A A A A A A A A
		mo — mad m√ ∞ mi
Enter new mailing address, if applicable:		2 3 M
(Mailing address MAY BE A POST OFFICE BOX)		98
		Ship &
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Florida street address
<u></u>	City	, Florida Zip Code

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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		:	Type of Action
MGRM	Anthony F. Arredondo	405 S. Dale Mabry Hwy Suite 302 Tampa,FL 33609			☐ Add ☑ Remove
		<u> </u>			Add Remove
					Add Remove
					Add Remove
					☐Add ☐Remove
					Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets,	if necesso	ary.)	
			:	SECRETARY TALLAHASSE	2017 A R 18
Dated	Anda C.	012.	ji i	OF STATE	
	A	er or authorized representative of a memb nita C. Arredondo d or printed name of signee	er		

Page 2 of 2

Filing Fee: \$25.00