

L13000124352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

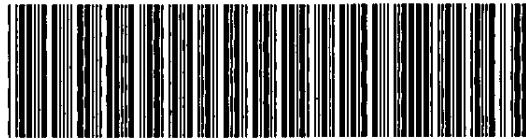
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FEB 23 2016
BRUCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCANO 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:

HERNAN ARBELAEZ

Name of Person

ARCANO LLC

Firm/Company

1121 SW 32 COURT

Address

FORT LAUDERDALE / FL 33315

City/State and Zip Code

germanrojas01@yahoo.com

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

For further information concerning this matter, please call:

Rosmira Delgado

954 253 2137
at ()

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

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TALLAHASSEE, FLORIDA

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

ARCANO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/02/2013 and assigned
Florida document number L13000124352.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	ARBELAEZ HERNAN	1121 SW 32 COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARBELAEZ, HERNAN	1121 SW 32 COURT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	VELEZ, MARTHA E	1121 SW 32 COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VELEZ, MARTHA E	1121 SW 32 COURT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

2018 FEB 22
SECRETARY
TALLAHASSEE

FILED
2018 FEB 22 A 10:49
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TALLAHASSEE, FLORIDA
(nal)
Filing Pursuant to 605.0207

.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee