

L14000047748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

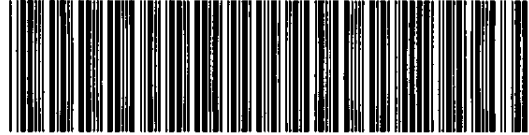
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

ARIEL QUINTELA
16921 GUNN HWY SUITE A
ODESSA, FL 33556

SUBJECT: ARIEL HOMES REALTY, LLC
Ref. Number: L14000047745

We have received your document for ARIEL HOMES REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00007395

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ariel Homes Realty 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:

Ariel Quintela
Name of Person

Ariel Homes Realty LLC
Firm/Company

16921 Gunn Highway Suite A
Address

Odessa FL 33556
City/State and Zip Code

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

For further information concerning this matter, please call:

Joe Triphett at (813) 792-5566
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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ariel Homes Realty LLC
Name of Limited Liability Company

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

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Ariel Quintela
Name of Person

Ariel Homes Realty LLC
Firm/Company

16921 Gvn Highway Suite A
Address

Odessa FL 33556
City/State and Zip Code

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

For further information concerning this matter, please call:

Joe Triplett at (813) 792-5566
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)

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Tallahassee, FL 32301

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

Ariel Homes Realty 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 3/24/2014 and assigned Florida document number L14 0000 47745

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 end with 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

, Florida

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Marie Whitton	16921 Gunn Highway	<input checked="" type="checkbox"/> Add
		Odessa FL 33556	<input type="checkbox"/> Remove
Mgr	Michael Whitton	16921 Gunn Highway	<input checked="" type="checkbox"/> Add
		Odessa FL 33556	<input type="checkbox"/> Remove
Mgr	Ricardo Duran	16921 Gunn Highway	<input type="checkbox"/> Add
		Odessa FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 14, 2015

Signature of a member or authorized representative of a member

Ariel Quintela

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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