

L15 000028187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

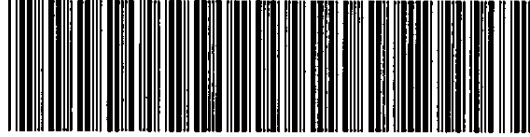
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15 JUN -1 AM 8:40
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6/3/15 10:14 AM

WJH 6/3



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2015

J.ARREGOCES ENTERPRISES LLC
4313 HOLLYWOOD BLVD., STE. 208
HOLLYWOOD, FL 33021

SUBJECT: J.ARREGOCES ENTERPRISES LLC
Ref. Number: L15000028187

RECEIVED
15 JUN -1 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for J.ARREGOCES ENTERPRISES 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 document must be signed by a member or authorized representative of a member.

Please return 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 115A00006014

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

J.ARREGOCES ENTERPRISES

(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 2/13/2015 and assigned
Florida document number L15000028187.

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

MGR = Manager
AMBR = Authorized Member

[Remove](#)

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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 _____

Signature of a member or authorized representative of a member

JOSE ARREGOCES

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CLERK OF COURT
JANUARY 1, 2015