

L1500005L633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

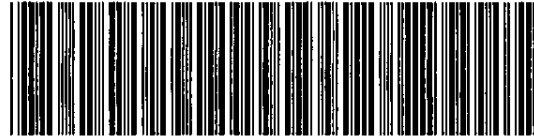
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 28 A 11: 14

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D. BRUCE  
MAR 01 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2017

KATRINA ARCE  
19340 LENAIRE DRIVE  
CUTLER BAY, FL 33157

SUBJECT: ARCE TAXES & INSURANCE LLC  
Ref. Number: L15000056633

RECEIVED  
2017 FEB 28 PM 1:34  
TALLAHASSEE, FLORIDA

We have received your document for ARCE TAXES & INSURANCE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 117A00003011

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2017 FEB 28 A 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

my fees changed to \$30.00  
I expect a \$13.75 refund.  
Thanks for your time.

Katrina Arce

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARCE TAXES & Insurance 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:

KATRINA ARCE  
Name of Person

ARCE TAXES & Insurance  
Firm/Company

19340 LENAIRE DRIVE  
Address

CUTLER BAY FL. 33157  
City/State and Zip Code

TripleKay2009@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 28 A 11:17

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For further information concerning this matter, please call:

Katrina at (786) 343-9966  
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

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

ARCE TAXES & Insurance

(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 12-19-16 and assigned Florida document number L15 000056633

This amendment is submitted to amend the following:

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

FATE Trinas BARGAIN DEPOT LLC

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)

no change

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

no change

**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:

no change

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.*

no change

If Changing Registered Agent, Signature of New Registered Agent

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2017 FEB 28 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

N/A

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 FEB 28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2-22-77

Katrina Orce owner

Signature of a member or authorized representative of a member

KATRINA ARCE

Typed or printed name of signee