

116000025244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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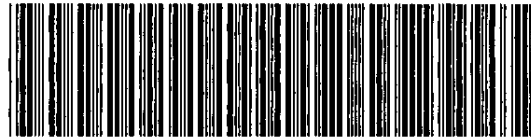
(Business Entity Name)

(Document Number)

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MAR 20 2017

S. YOUNG

17 MAR 17 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J. Arce Services Limited Liability Company

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:

Diana Arce

Name of Person

J. Arce Services Limited Liability Company

Firm/Company

15234 SW 173 LANE

Address

Miami, FL 33187

City/State and Zip Code

jarce697@gmail.com

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

For further information concerning this matter, please call:

Diana Arce

786

853-0175

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

17 MAR 17 AM 7:44
SECRETARY OF STATE
FALLS OF STATE

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

J. ARCE SERVICES, 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 FEBRUARY 05, 2016 and assigned
Florida document number L16000025244.

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:

Diana Arce

15234 SW 173 lane

Enter Florida street address

Miami

City

Florida

33197

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> |
|--------------|-------------|-------------------|---|
| mgr | Diana Arce | 15234 SW 173 LANE | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33187 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Adding Diana Arce as MGR

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E. Effective date, if other than the date of filing: 03/08/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated 03/08/17



Signature of a member or authorized representative of a member

Julian Arce

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000025244
FILED 8:00 AM
February 05, 2016
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

J ARCE SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

15234 SW 173 LANE
MIAMI, FL. 33187

The mailing address of the Limited Liability Company is:

15234 SW 173 LANE
MIAMI, FL. 33187

Article III

The name and Florida street address of the registered agent is:

JULIAN ARCE
15234 SW 173 LANE
MIAMI, FL. 33187

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JULIAN ARCE

FILED
SECRETARY OF STATE
17 MAR 17 AM 7:44
TALLAHASSEE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JULIAN ARCE
15234 SW 173 LANE
MIAMI, FL. 33187

L16000025244
FILED 8:00 AM
February 05, 2016
Sec. Of State
thampton

Article V

The effective date for this Limited Liability Company shall be:

02/06/2016

Signature of member or an authorized representative

Electronic Signature: JULIAN ARCE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 17 AM 7:44



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company

J ARCE SERVICES, LLC

Filing Information

Document Number L16000025244

FEI/EIN Number NONE 81-1394064

Date Filed 02/05/2016

Effective Date 02/06/2016

State FL

Status ACTIVE

Principal Address

15234 SW 173 LANE

MIAMI, FL 33187

Mailing Address

15234 SW 173 LANE

MIAMI, FL 33187

Registered Agent Name & Address

ARCE, JULIAN

15234 SW 173 LANE

MIAMI, FL 33187

Authorized Person(s) Detail

Name & Address

Title MGR

ARCE, JULIAN

15234 SW 173 LANE

MIAMI, FL 33187

Annual Reports

No Annual Reports Filed

Document Images

02/05/2016 - Florida Limited Liability

[View image in PDF format](#)

FILED
MAR 17 2016
17 MAR 17 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FL 32399

3/8/2017

Detail by Entity Name

Florida Department of State, Division of Corporations

REC'D
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE
47 MAR 17 AM 7:55