

L160000026522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

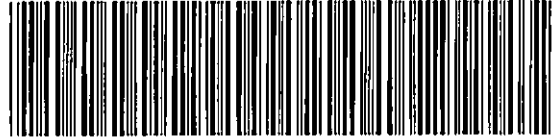
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600408682536

05/18/23--01033--017 **25.00

U.S. DEPARTMENT OF STATE
OFFICE OF THE ASSISTANT SECRETARY FOR
PUBLIC AFFAIRS

2023 AUG 28 AM 10:22

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2023

GABRIELA RIZA, ESQUIRE
LAW OFFICES OF GABRIELA RIZA, P.A.
46 N WASHINGTON BOULEVARD, SUITE 1
SARASOTA, FL 34236 US

SUBJECT: ARROWEN LLC
Ref. Number: L16000026522

We have received your document for ARROWEN 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):

We received your request to refrain from filing the submitted amendment.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 423A00016349

FILED
2023 AUG 28 AM 10:22
TALLAHASSEE, FL

AUG 28 2023



LAW OFFICES OF GABRIELA RIZA
IMMIGRATION & FAMILY HELP CENTER

August 22, 2023

SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314


SUBJECT: ARROWEN LLC
REF. Number: L16000026522

Dear Ms. Gonzalez:

We would like to request that the document for ARROWEN LLC is processed and the check in the amount of \$25 is applied.

I trust this information is sufficient to process this matter. Thank you in advance for your time and attention to this matter.

Respectfully,



Gabriela Riza, Esq.

Sarasota

📍 46 N. Washington Blvd.,
Suite 1,
Sarasota, FL 34236

☎ TEL: (941) 955-1462

Tampa

📍 5641 Hoover Blvd.,
Suite A5,
Tampa, FL 33634

☎ TEL: (813) 884-8472

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARROWEN 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:

GABRIELA RIZA, ESQUIRE

Name of Person

LAW OFFICES OF GABRIELA RIZA, P.A.

Firm/Company

46 N Washington Boulevard, Suite 1

Address

Sarasota, FL 34236

City/State and Zip Code

gabriela@rizavisa.com

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

For further information concerning this matter, please call:

GABRIELA RIZA, ESQUIRE

941

955-1462

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
TALLAHASSEE, FL
2023 AUG 28 AM 10:22

FILED

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

ARROWEN 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 03/02/2023 and assigned
Florida document number L16000026522.

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)

FILED
2023 AUG 28 AM 10:22
TALLAHASSEE, FL
SOCIETY OF SECRETARIES

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 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	CRISTINA WILSON	328 Overture Ct.	<input checked="" type="checkbox"/> Add
		Smyrna, GA 300080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 AUG 28 AM 10:22
FILED
TALLAHASSEE FL

FILED

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

Christina Wilson: 49%

Diana Bucurescu

31%

Adrian Bucurescu

20%

2023 AUG 28 AM 10:22
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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

5/10/2023

Signature of a member or authorized representative of a member

ADRIAN BUCURESCU

Typed or printed name of signee

Filing Fee: \$25.00