

L17000062248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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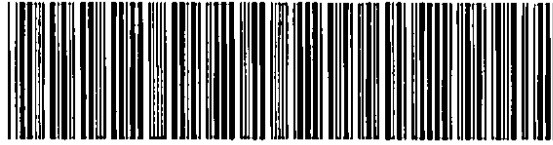
(Business Entity Name)

(Document Number)

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17 JUL 18 AM 8:52
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

JUL 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCE LEGACY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MANUEL ARCE

Name of Person

ARCE LEGACY LLC

Firm/Company

2240 HAVANA DR

Address

MIRAMAR FL 33023

City/State and Zip Code

mannyarce92@yahoo.com

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

For further information concerning this matter, please call:

MANUEL ARCE

Name of Person

754 214-0734
at (_____) _____
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 LEGACY 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 03/17/2017 and assigned
Florida document number 117000062248.

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)

2240 HAVANA DR
MIRAMAR, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2240 HAVANA DR
MIRAMAR, FL 33023

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:

PILAR G RIVADENEIRA DE ARCE

New Registered Office Address:

2240 HAVANA DR

Enter Florida street address

MIRAMAR

Florida 33023

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.

Pilar Arce

If Changing Registered Agent, Signature of New Registered Agent

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MAR 18 AM 8:52
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL A. ARCE		<input checked="" type="checkbox"/> Add
		2240 Havana Dr, Miramar, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIVADENEIRA DE ARCE, PILAR G		<input checked="" type="checkbox"/> Add
		2240 Havana Dr Miramar FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

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

On the section of Title and add or remove part, I only want to change the address of the Manager Members as the

(CORRECT ADDRESS) 2240 Havana Dr, Miramar FL 33023

I did not know if I need to mark ADD or CHANGE, my apologies.

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 July 17th 2017

Manuel Arce

Signature of a member or authorized representative of a member

MANUEL A. ARCE

Typed or printed name of signee

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17 JUL 18 AM 8:52
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA