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DIVISION OF CORPORATION

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## **COVER LETTER**

	Enterprises LLC						
ECT:	Name of Lim	ited Liability Company					
nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
e return all correspo	ndence concerning this matter	to the following:					
	Fernando J Arrazcaeta						
		Name of Person	<del></del>				
Arrazeaeta Enterprises ELC  Firm/Company  8556 Creedmoor Ln							
						Address	<del></del> .
					New Port Richey FL 3465	4	
		City/State and Zip Code					
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sed is a check for th	ne 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)				
	Arrazcaeta ECT:  melosed Articles of a return all correspond of Arrazcaeta  rther information counds J Arrazcaeta  Name of Seed is a check for the	Name of Limination concerning this matter.  Permando J Arrazcaeta  Arrazcaeta Enterprises E.L.  8556 Creedmoor Ln  New Port Richey FL 3465  Arrazcaetaenterprises@gm  E-mail address: ( rther information concerning this matter, please e ando J Arrazcaeta  Name of Person  sed is a check for the following amount:  25.00 Filing Fee	Division of Corporations  Arrazcacta Enterprises LLC  Name of Limited Liability Company  Name of Limited Liability Company  nclosed Articles of Amendment and fee(s) are submitted for tiling,  return all correspondence concerning this matter to the following:  Fernando J Arrazcacta  Name of Person  Arrazcacta Enterprises LLC  Firm/Company  8556 Creedmoor Ln  Address  New Port Richey FL 34654  City/State and Zip Code  Arrazcactaenterprises@gmail.com  E-mail address: (to be used for future annual report notif  rther information concerning this matter, please call:  ndo J Arrazcacta  Name of Person  Temperature annual report notif  rther information concerning this matter. please call:  ndo J Arrazcacta  Seed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy				

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

Arrazcaeta Enterprises LLC				
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) mpany)	<del> </del>	
The Articles of Organization for this Limited L. Florida document number	ability Company were filed	I on	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability comp	pany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Compan	y," the designation "LLC" or the ab		
Enter new principal offices address, if applic	able:			sly10 3s
(Principal office address MUST BE A STREE	T ADDRESS)	<del></del> .	3	LSC S
			7 21	ETAR
Enter new mailing address, if applicable:	<del></del>		AH.	TARY OF STATE
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			7. (D.K.)
B. If amending the registered agent and/ registered agent and/or the new registered of		ress on our records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:	Fernando J Arrazcaeta			
New Registered Office Address:	E	nter 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fernando J Arrazcaeta	8556 Creedmoor Ln	■ Add
		New Port Richey FL 34654	[] D
MGR	Fernando D Arrazcaeta Jr	8556 Creedmoor Ln	
		New Port Richey FL 34654	₽ tamaya
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ffective date, if other tha	the date of filing:	(optional)
(ote: If the date inserted in t	te must be specific and cannot be prior to date of filing or more the his block does not meet the applicable statutory filing require the Department of State's records.	uirements, this date will not be listed a
e record specifies a de The 90th day after the	ayed effective date, but not an effective time record is filed.	, at 12:01 a.m. on the earlier $\epsilon$
May 20th	2018	
le S	ALL STATES	

Page 3 of 3

Typed or printed name of signee

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