

217000105215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

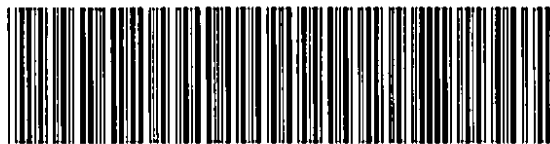
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316999511

08/15/18--01006--023 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:48

N COOPER

AUG 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arrazcaeta Enterprises 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:

Fernando D. Arrazcaeta Jr

Name of Person

Firm/Company

9365 Dantel Dr

Address

New Port Richey FL 34654

City/State and Zip Code

arrazcaetaenterprises@gmail.com

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

For further information concerning this matter, please call:

Fernando D. Arrazcaeta Jr

727

8090294

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

**TO
ARTICLES OF ORGANIZATION
OF**

Arrazcaeta Enterprises 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 05/11/2017 and assigned
Florida document number L17000105215.

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)

9365 Dantel Dr. New Port Richey, FL 34654

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9365 Dantel Dr. New Port Richey, FL 34654

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:48

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Fernando D. Arrazcaeta Jr

New Registered Office Address:

9365 Dantel Dr.

Enter Florida street address

New Port Richey

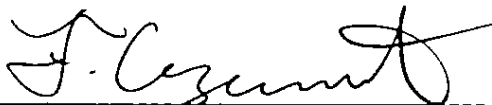
Florida 34654

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

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	Fernando D. Arrazcaeta Jr.	9365 Dantel Dr.	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fernando J. Arrazcaeta	9365 Dantel Dr.	<input type="checkbox"/> Add
		New Port Richey, FL 34654	<input type="checkbox"/> Remove
			<input checked="" 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:48

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

8-13-2018



Signature of a member or authorized representative of a member

Fernando D. Arrazcaeta Jr.

Typed or printed name of signee