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(City/State/Zip/Phone #)

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NOV - 3 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aracena Restorations, 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:

Cesar G Aracena

Name of Person

Aracena Restorations, LLC.

Firm/Company

110 SW 97 Terr

Address

Pembroke Pines, FL 33025

City/State and Zip Code

aracena.restorations@gmail.com

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

For further information concerning this matter, please call:

Cesar G. Aracena

786

306-2984

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

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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>
PRES	Cesar G. Aracena	110 SW 97 Terr	<input type="checkbox"/> Add
		Pembrke Pines, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cesar G. Aracena	110 SW 97 Terr	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated October 30, 2017

Filing Fee: \$25.00