

L17000224271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

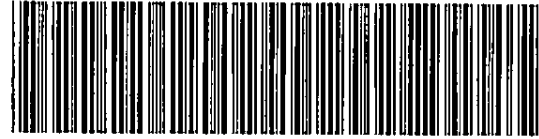
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ARIZPE ENTERPRISES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY K ARIZPE  
Name of Person

ARIZPE ENTERPRISES, LLC  
Firm/Company

630 39TH CT SW  
Address

VERO BEACH, FL 32968  
City/State and Zip Code

dptdog@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary K. Arizpe at ( 772 ) 584-1013  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: ARIZPE ENTERPRISES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000224271

**THIRD:** Document to be corrected is: NAME Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME SHOULD BE ENTERPRISES (WITH AN S)

NOT ENTERPRISE

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OR**

The electronic transmission of the record was defective.

Mary K. Arize 11/8/17  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

N/A

*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.*

Mary K. Arize 11-8-17  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)