

L180000 16496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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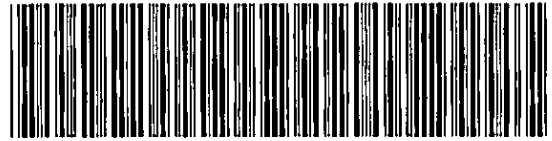
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

JUN 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARECHIGA 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:

ELISA ARECHIGA

Name of Person

ARECHIGA ENTERPRISES LLC

Firm/Company

2219 CURLEW AV APT B

Address

DUNEDIN, FL. 34698

City/State and Zip Code

arechigaenterprises18@gmail.com

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

For further information concerning this matter, please call:

ELISA ARECHIGA

727

776-0897

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARECHIGA 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 01/11/2018 and assigned
Florida document number L18000010490.

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)

2219 CURLEW AV APT B

DUNEDIN, FL. 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2219 CURLEW AV APT B

DUNEDIN, FL. 34698

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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:

ELISA ARECHIGA

New Registered Office Address:

2219 CURLEW AV APT B

Enter Florida street address

DUNEDIN

City

Florida 34698

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, 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	MARIA D LEAL	322 SCOTT CT	<input type="checkbox"/> Add
		PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELISA ARECHIGA	2219 CURLEW AV APT B	<input type="checkbox"/> Add
		DUNEDIN, FL 34698	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LETICIA ARECHIGA	2225 CURLEW AV APT A	<input type="checkbox"/> Add
		DUNEDIN, FL 34698	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATION
18 JUN - 8 PM 3: 8/9

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.

(b) The 90th day after the record is filed.

Dated

6/5/15

Signature of a member or authorized representative of a member

Elisa Arellano
Typed or printed name of signer