

120000050967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

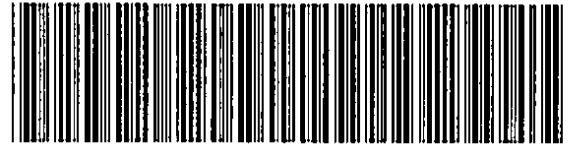
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/19/21--01019--020 **25.00

FILED

2021 NOV 24 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FL

O. CIVIL
DEC 02 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 24 PM 8:13

November 1, 2021

FRANCISCO MCNEAL
12268 FIRST STREET
FORT MYERS, FL 33905

SUBJECT: ARRRIBA'S, LLC
Ref. Number: L20000050967

We have received your document for ARRRIBA'S, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Correct

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 721A00026591

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arriba's
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:

Francisco McNeal

Name of Person

Firm/Company

12268 First Street

Address

Fort Myers, FL 33905

City/State and Zip Code

fmneal16@gmail.com

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

For further information concerning this matter, please call:

Frank McNeal

239 895-5064
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2021 NOV 24 PM 3:36

(A Florida Limited Liability Company)

SECRETARY OF STATE

2/13/2020: ASSEE. FL

Florida document number L20000050967

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."

(Principal office address MUST BE A STREET ADDRESS)

12268 FIRST STREET

FORT MYERS, FL. 33905

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
City

Zip Code

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>
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[illegible]

(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)

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.

FOR MR. WILL
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00