LZ1000420065

(Requi	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	ee)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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T. MATTHEWS FEB 2 1 2022



RECEIVED

2022 FEB -7 PM 1:42

SECRETARY OF STATE TALLAHASSEE, FL

January 21, 2022

CARMEN ARCE 2713 GIRALDA CT KISSIMMEE, FL 34743

SUBJECT: AGUADILLA EQUITY GROUP LLC

Ref. Number: L21000420065

We have received your document for AGUADILLA EQUITY GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tekayla T Matthews OPS

Letter Number: 922A00001636

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Aguadilla Equity Group IIC Name of Linfited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carmen Arce Name of Person
Aguadilla Govity Group IIC
2713 Girclda Cf
KISSIMMER FL 34743 City/State and Zip Code
Aguadillaegustygma Quahou. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmen Arce at (407, 486-1403) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 22 FEB -7 PH 3: 13

Aquadilla Found Group 11c

(Name of the Limite	d Liability Compan A Florida Limited Li	y as ionow appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Lia		vere filed on \boxed{q}	12021	and assigned
Florida document number <u>L21000H20</u>	<u> 265</u>			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)			.
				
B. If amending the registered agent and/or re agent and/or the new registered office address		idress on our records	, enter the nan	ne of the new registered
Name of New Registered Agent:	Robert	B Arce	<u> </u>	
New Registered Office Address:	2713 (Siralda CH		
	Kissim	Enter Florida stre MC C	et address Florida	34743

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
ambe	Roberto Ane Jr	2713 Gralda 4 Kissimme F	f3 <u>C</u> Dadd
			□Remove
			□Change
ambu Camen Arce	2713 Giralda Ct Kusmmept	<i>6</i> 3 □add	
		□Remove	
		(SChange	
		DAdd	
		□Remove	
			□Change
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(If an effe Note:	ve date, if other than the date of filing:
ne record ord is file	I 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 ed.
Dated _	January 25, 2002
	Signature of a member or authorized representative of a member
	The Land
	Typed or printed name of signee