L22000114247

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
J. HORNE FEB 2 1 2023		

Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
3 Amigos, LLC SUBJECT:	
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Ronald Riccardi	
(Contact Person)	
(Firm/Company)	
1326 SE 47th st suite a	
(Address)	
Cape Coral fl 33904	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Ronald Riccardi	239 2828232 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\begin{align*} \begin{align*} \beg	o the Florida Department of State for: \$\int \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

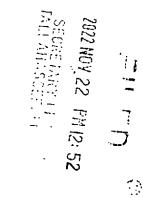
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: 3 Ami	gos LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L22000114247	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Ronald Riccardi	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)
Title MGR	
	(Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
,	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)