

L23000133919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

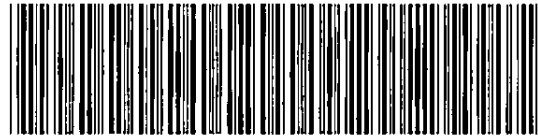
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800406455278

2023 APR 20 AM 9:11

RECEIVED  
2023 APR 20 PM 3:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

A. C. C.

APR 21 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 **\$25.00**

Authorization Signature: \_\_\_\_\_

AW Commercial LLC

L23000133919

Business Name

Doc. #

☐ **Certified Copy of**

☐ **Certificate of Status**

**NEW FILINGS**

- ☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

- ☒ Amendment  
☐ Resignation of R.A.  
  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

**OTHER FILINGS**

- ☐ Annual Report  
  
☐ Fictitious Name  
  
☐ APOSTILLE

**Country**

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AW Commercial, 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:

Fernando Arencibia, Jr.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7700 N Kendall Drive, Suite 412

\_\_\_\_\_  
Address

Miami, FL 33156

\_\_\_\_\_  
City/State and Zip Code

fernando@arenciproperties.com

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

For further information concerning this matter, please call:

Fernando Arencibia, Jr.

786 512-3745  
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

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2023 APR 20 AM 9:13

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[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.

Typed or printed name of signee