# L23000233425

(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Pertified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status	(Address)
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Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



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06/01/23--01010--008 **\*\*25.00** 



### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCE A&S PROPERTIES LLC	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability)	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fi	iled on 05/11/2023 and assigned
lorida document number L23000233425	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability co	mpany here:
ne new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	20.
Principal office address MUST BE A STREET ADDRESS)	3
inter new mailing address, if applicable:	1
Mailing address MAY BE A POST OFFICE BOX)	<u>්</u> ව
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Cin	

#### 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>	Address	Type of Action
MGR	SISSI K. HERRERA VILLALVA	2537 Crestview Dr., Aurora, IL 60502	■Add
			□Remove
MGR	ANA PAULA ARCE HERRERA	2537 Crestview Dr., Aurora, IL 60502	□Add
			= Remove
			□Change
	<del></del> -		Add
		·	∏Remove
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ffective date, if other than the can effective date is listed, the date must	date of filing:	date of filing or more than 90 da	_ <b>(optional)</b> iys after filing.) Pursuant (	to 605,0207
ote: If the date inserted in this blo ocument's effective date on the De		ble statutory filing requireme	nts, this date will not b	e listed as
	•			
record specifies a delayed effective is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day	r after the
ated MAY 30th	2023			
ated	·	<u>=:</u>		

Typed or printed name of signee

#### **COVER LETTER**

## TO: Registration Section **Division of Corporations** ARCE A&S PROPERTIES LLC SUBJECT: 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:

	Name of Person	
	Firm/Company	
	2537 Crestview Dr.	
	Address	
	Aurora, II. 60502	• • •
	City/State and Zip Code	
	yercoa3@hotmail.com	•
	E-mail address: (to be used for future annual report notification)	····
further informatio	on concerning this matter, please call:	

Enclosed is a check for the following amount:

Name of Person

**■ \$25.00** Filing Fee

YERCO ARCE PRETTO

**■** \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed).

Area Code

☐ \$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