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(Rec	questor's Name)	
(Add	dress)	
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(City	/State/Zip/Phon	e #)
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COVER LETTER

SUBJECT: AR EN	closures LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Alex H	Rhocles Name of Person	
		Name of Person	
	AR Enclos	sures	
	<u> </u>	Firm/Company	
	572 Martin	Luther King JR Address	Drive
		Address	
	Roldwin Flor	ida 32234	
	Daile Material Lines	City/State and Zip Code	
	Fogmaster 187	g gmail. (0 m	 -
			ication)
For further information co	neerning this matter, please ca	all:	
Alex H F	Rhodes	at (904) 888 Area Code Daytime	-1033
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)	S60.60 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		G	

Mailing Address:

Registration Section **Division of Corporations**

TO:

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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Note:	ive date, if other than the date of filing: May 9 2024 (optional) fective 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 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	207 (3 I as tl
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tilled.	ihe
	M. a 2021	
Dated	HAY 9 2027	
Dated	May 9 2024 Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

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 Title Name **Address** Type of Action Remove □Change _____ □Remove ______ □ Add

______ □Remove