

L24000260368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

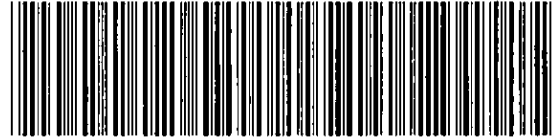
(Business Entity Name)

(Document Number)

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

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08/21/24--01026--004 \*\*25.00

TALLAHASSEE, FLORIDA

2024 OCT 10 PM 2:02

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ariel Tipon Real Estate

\_\_\_\_\_  
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:

Ariel Tipon

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

Real Estate Services

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

4905 NW 59TH ST

\_\_\_\_\_  
Address

TAMARAC, FL, 33319

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

AJTIPON@GMAIL.COM

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

For further information concerning this matter, please call:

Ariel Tipon

954

804-1327

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2024

(received on 10/01/24)

ARIEL TIPON  
REAL ESTATE SERVICES  
4905 NW 59TH ST  
TAMARAC, FL 33319

SUBJECT: ARIEL TIPON REAL ESTATE, LLC  
Ref. Number: L24000260368

We have received your document for ARIEL TIPON REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

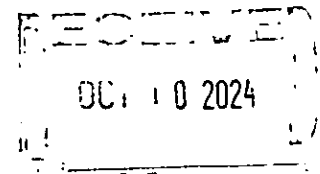
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6000.

RUSSELL L HUNT  
Regulatory Specialist III

Letter Number: 624A00019144



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2024 OCT 10 PM 2:02

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

LAHASSEE, FLORIDA

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

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

**AMBR = Authorized Member**

[illegible]

2024 OCT 10 PM 2: 02  
TALLAHASSEE, FLORIDA

2024 OCT 10 PM 2:02  
TALLAHASSEE, FLORIDA

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(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.

**Dated**

10/02/24

Signature of a member or authorized representative of a member

Ariel Tidon

Typed or printed name of signee

**Filing Fee: \$25.00**