

M1700000 4956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

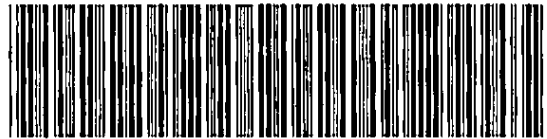
(Business Entity Name)

(Document Number)

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

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JUN 25 2018  
J. HARRIS

FILED  
2018 JUN 25 AM 8:01  
FBI - MEMPHIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATELIER ARRECHEA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A FIGUEROA

Name of Person

JUAN A FIGUEROA PA CPA

Firm/Company

1428 BRICKELL AVENUE STE 206

Address

MIAMI, FL. 33131

City/State and Zip Code

CARMEN@JAFCPA.COM

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

For further information concerning this matter, please call:

JUAN A FIGUEROA at (305) 448-5844

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

2018 JUN 25 PM 1:54

RECEIVED



JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2018

JUAN A FIGUEROA  
JUAN A FUGUEROA PA CPA  
1428 BRICKELL AVE, STE 206  
MIAMI, FL 33131

SUBJECT: ATELIER ARRECHEA, LLC  
Ref. Number: M17000004956

FILED  
2018 JUN 25 PM 8:01  
TALLAHASSEE, FL  
JENNIFER A. HARRIS

We have received your document for ATELIER ARRECHEA, 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Name of business missing on line 1.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 218A00011677



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2018

JUAN A FIGUEROA  
JUAN A FIGUEROA PA CPA  
1428 BRICKELL AVE STE 206  
MIAMI, FL 33131

SUBJECT: ATELIER ARRECHEA, LLC  
Ref. Number: M17000004956

We have received your document for ATELIER ARRECHEA, 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):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 618A00010669

RECEIVED

2018 JUN -1 AM 11:28

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ATELIER ARRECHEA LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M17000004956

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06-08-2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: N/A  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida

\_\_\_\_\_, Zip Code

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>MARLENE BARRIOS</u>	<u>990 NE 99TH STREET</u>	<input checked="" type="checkbox"/> Add
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		<u>MIAMI SHORES, FL. 33138</u>	<input type="checkbox"/> Remove
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<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
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		<u>                    </u>	<input type="checkbox"/> Remove
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		<u>                    </u>	<input type="checkbox"/> Remove
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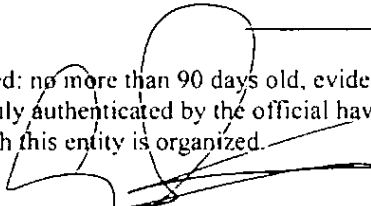
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
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		<u>                    </u>	<input type="checkbox"/> Remove
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<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
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		<u>                    </u>	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**ALEXANDRE ARRECHEA**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2018 JUN 25 AM 8:01  
TALLAHASSEE, FL  
CLERK OF COURT  
JENNIFER A. BROWN