

ma23000009829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

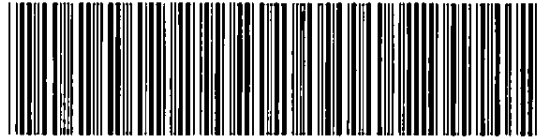
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600418153296

LLC Amend

10 10 2023 10:00:00 AM

2023 DEC -5 AM 8:54

FILED

A. RAMSEY
DEC -6. 2023

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2023

MISSY ATKINS
ARETE E-COMMERCE GROUP
7110 REMINGTON OAKS LOOP
LAKELAND, FL 33810

SUBJECT: ARETE E-COMMERCE GROUP LLC
Ref. Number: M23000009829

We have received your document for ARETE E-COMMERCE GROUP 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 that you submitted is incorrect. It is for a Florida limited liability company and your entity is a foreign (out of state) limited liability company. I have enclosed the correct form.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 723A00026473

CORRECTED ATTACHED
3

COVER LETTER

TO: Registration Section
Division of Corporations

Arete E-Commerce Group LLC

SUBJECT: _____
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:

Missy Atkins

Name of Person

Arete E-Commerce Group LLC

Firm/Company

7110 Remington Oaks Loop

Address

Lakeland, Florida 33810

City/State and Zip Code

missy.atkins@aretecommercegroup.com

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

For further information concerning this matter, please call:

Missy Atkins

561

644-0250

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

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

**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
Arete E-Commerce Group LLC
State: _____

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

M23000009829

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

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/28/2023

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

5. New name of the limited liability company: _____
(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: Missy Atkins

New Registered Office Address: 7110 Remington Oaks Loop

Enter Florida Street Address
Lakeland, Florida 33810
City 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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MBR	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
AP	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MGR	Missy Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MBR	Missy Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove

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.

Missy Atkins
Signature of the authorized representative
Missy Atkins

Typed or printed name of signee

Filing Fee: \$25.00

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adventure Ventures LLC	16192 Coastal Highway	<input checked="" type="checkbox"/> Add
		Lewes, Delaware 19958	<input type="checkbox"/> Remove
MBR	Adventure Ventures LLC	16192 Coastal Highway	<input checked="" type="checkbox"/> Add
		Lewes, Delaware 19958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

Missy Atkins
Signature of the authorized representative
Missy Atkins

Typed or printed name of signee

Filing Fee: \$25.00