

L16000181329

(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:

J. HORNE
AUG 21 2025

Office Use Only



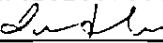
400452482144

2025 AUG 23 AM 11:43

2025 AUG 26 PM 3:07
RECEIVED
FALMOUTH, MA
MASS. SECRET. OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: \$60.-

Authorization Signature 

COOPERATIVA RIOMOCA DLR, LLC. L16000181329

Business Name #Document

Walk in

____ Will wait

☒ Certified Copy of the

☒ Certificate of Status:

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
____ INC
____ CORP
____ PLLC

AMENDMENTS

☒ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Statement of Authority
____ Merger
____ REVOCATION OF DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER
____ Fictitious Name
____ Statement of Authority

APOSTIL _____
____ Other

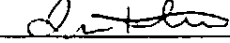
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstated Articles of Organization
____ Statement of CORRECTION
____ Domestication of a Foreign Corp_

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$ 60.00

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☐ Domestication of a Foreign Corp_ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COOPERATIVA RIMOCAL DLR 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:

ALEXIS URDANETA

Name of Person

MANAGER

Firm/Company

7726 WINEGARD RD SUITE 107-2

Address

ORLANDO, FLORIDA, 32809

City/State and Zip Code

RIMOCALLC@GMAIL.COM

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

For further information concerning this matter, please call:

YBELIZ DE LOS RIOS

Name of Person

at (407) 9227528

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

CR2E055 (9/15)

**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: COOPERATIVA RIMOCA DLR LLC

Enter new principal office address, if applicable: 4752 DISTRIBUTION CT UNIT 2

(Principal office address
MUST BE A STREET ADDRESS) ORLANDO, FLORIDA, 32822

Enter new mailing address, if applicable: 4752 DISTRIBUTION CT UNIT 2

(Mailing address
MAY BE A POST OFFICE BOX) ORLANDO, FLORIDA, 32822

2. The Florida document number of this limited liability company is: L16000181329

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: 09/26/2016

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

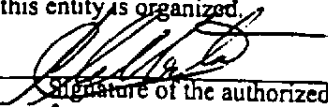
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	MIGUEL DE LOS RIOS	13515 SUMMERTON DR	☒ Add
		ORLANDO, FLORIDA, 32824	☐ Remove
VP	GUSTAVO ADOLFO DE LOS RIOS	1757 PETIOLE PL	☐ Add
		KISSIMMEE, FLORIDA, 34744	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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.


Signature of the authorized representative

Alexis Uribe

Typed or printed name of signee

Filing Fee: \$25.00

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CR21E055 (9/15)