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

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2025 AUG 26 PM 3:07

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

X **Certified Copy of the**

X **Certificate of Status:**

NEW FILINGS

____ Profit
____ Not for Profit
___ LLC
_____Domestication
___ INC
___ CORP
___ PLLC

AMENDMENTS

__X___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 _____ **COUNTRY**
____Other

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
_____ Partnership
___ Reinstated Articles of Organization
_____ Statement of CORRECTION

_____Domestication of a Foreign Corp_
_____

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____Domestication of a Foreign Corp_
_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COOPERATIVA RIOMOCA 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 at (407) 9227528
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

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
ORLANDO, FLORIDA, 32822

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4752 DISTRIBUTION CT UNIT 2
ORLANDO, FLORIDA, 32822

(Mailing address MAY BE A POST OFFICE BOX)

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)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGRM	MIGUEL DE LOS RIOS	13515 SUMMERTON DR	☒Add
		ORLANDO, FLORIDA, 32824	☐Remove
VP	GUSTAVO ADOLFO DE LOS RI	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 Verdaneta

Typed or printed name of signee

Filing Fee: $25.00

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