

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000440881307

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((H21000440881 3)))



H210004408813ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MURCIA RIVERA ASOCIADOS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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2021 DEC -6 PM 3:10

ADAMS RIVERA LLC

DEC - 7 2021

S. PRATHER



December 6, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MURCIA RIVERA ASOCIADOS LLC
4815 SW 41 STREET
APT 106
PEMBROKE PARK, FL 33023

SUBJECT: MURCIA RIVERA ASOCIADOS LLC
REF: L21000145307

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received.

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.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: B21000440881
Letter Number: 521A00029251

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MURCIA RIVERA ASOCIADOS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on 03/29/2021

Florida document number L21000145307

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5759 SW 25TH ST

(Principal office address MUST BE A STREET ADDRESS)

WESTPARK FL 33023

Enter new mailing address, if applicable:

5759 SW 25TH ST

(Mailing address MAY BE A POST OFFICE BOX)

WESTPARK FL 33023

B. If amending the registered agent and/or registered office 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

City, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 12/02/2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DECEMBER 02 2021



Signature of a member or authorized representative of a member

JOHANNA P RIVERA ZORRO

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00