## 110000096399

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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor				
01 HN H2		VENTURES RIO NUEVO, L	.I.C		
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		EDWARD CAYIA			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	_
		EDWARD CAYIA, P.A.			
Firm/Company					_
		501 North Andrews Avenu	ie. #102		13× 130 × 1
Address					
		Fort Lauderdale, FL 3330	1		ARY (
		andrehalvorsen@yahoo.cor	City/State and Zip Code n		15 PH % 59
		E-mail address: (	to be used for future annual r	eport notification)	SO SO
For furt	her information c	oncerning this matter, please c	all:		
Edward Cayia		954 765 at ()	-1400		
	Name o	f Person	Area Code	Daytime Telephone Number	<u></u>
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	Certific Osed) Certifie	ate of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registrati Division o Clifton Bu	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L</u> (A F	iability Company lorida Limited Lic	y as it now appears on our r ibility Company)	ecords.)	
The Articles of Organization for this Limited Liabil Florida document number 1.10000096399	ity Company w	vere filed on September I	4, 2010	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabili	ity company here:		
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the designation	"LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b> :	1000 S.W. 12 Street, #20.		
(Principal office address MUST BE A STREET A	DDRESS)	Fort Lauderdale, FL 3330		9 1
			SEE,	S 70
Enter new mailing address, if applicable:	g address, if applicable:		مي ج	
If amending name, enter the new name of the limited lian new name must be distinguishable and contain the words "Limited Lian er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable: incling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered istered agent and/or the new registered office address he was a light of the new registered office address he was a light of the new registered of the started agent and/or the started agent age	<u>V)</u>		. D	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ty cr	***		cords, <u>enter th</u>	e name of th
Name of New Registered Agent:	Dle Andre Berg I	Halvorsen		
New Registered Office Address:	000 S.W. 12 Str	reet, #202		
	,	Enter Florida street c	uldress	<del></del>
<u>I</u> :	ort Lauderdale		_, Florida <u></u>	5
		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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAG HANSSEN	1201 Guava Isle, Fort Lauderdale, FL 33315	
			<b>■</b> Remove
		1201 Guava Isle, Fort Lauderdale, FL 33315	□ Change
AMBR	SUSAN HANSSEN		
			Remove
			Change
AMBR	OLE ANDRE BERG HALVORSEN	1000 S.W. 12 Street, #202 Fort Lauderdale, FL 33315	<u>T</u> SS_ <b>S</b> Add
			AHASSEE, F
MGR	OLE ANDRE BERG HALVORSEN	1000 S.W. 12 Street, #202 Fort Lauderdale, FL 33315	ORIO E E
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
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s <b>riect</b> i Tan eff	ve date, if other than the date of filing:	e.) Pursua	<b>59</b> 00 60	5.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	e will no	be lis	ted as
locum	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	. on the	e earl	ier of:
me	90th day after the record is filed.			
	Sept. 28, 2018			
Dated				
	1 - Sur stitulou			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00