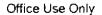
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER .

TO: Î	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Carreva Padila Name of Person
	Richt Rosting Lic
	491 NW 46St Address
	Ft. Lived FL 33309 City/State and Zip Code
	OSCAROLIVIA OHOTMAIL.COM E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Carrera la dilla at (754) 214-0006 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
i \$2	5.00 Filing Fee Scrifficate of Status Status Status Scriffed Copy (additional copy is enclosed) S55.00 Filing Fee Scriffed Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Right Ri	Company as it now appears on our records.)
(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{-12601471}{}$	spany were filed on 65208 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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:	!
Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, enter the name of the nev
registered agent and/or the new registered office addres	s nere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anibal Gomez	497 NW4WSt Ffland FL, 33309	Add
		193509	□ Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
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Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00