14000103195

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section

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Division of Cor	porations		
	ROUP, LLC		
BJECT:	Name of Limi	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	,
	Rolando Castillo		ì
	.	Name of Person	
	Ricana Group, LLC		I
	-	Firm/Company	
	2929 SW 3rd Ave Suite 61	2	
		Address	
	Miami, Florida 33129		
		City/State and Zip Code	1
	castveg@gmail.com		really and
		to be used for future annual report not	(rication)
r further information c	oncerning this matter, please ca		ı
olando Castillo		305 335-2509 at()	
Name o	f Person	Area Code Daytii	ne Telephone Number
closed is a check for the	ne following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Senter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ricana Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 6/27/2014 _ and assigned orida document number 1.14000103195 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C. ter new principal offices address, if applicable: vincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: tailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

w Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

R = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
1BR	Rolando Castillo	2929 SW 3rd Ave Suite 612	
		Miami, Florida 33129	
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			Remove
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fective date is his If the date ins	sted, the date must b serted in this bloc	se specific and car ik does not mee	nnot be prior to a t the applicabl	date of filing or me e-statutory filins	ore than 90 days at 2 requirements, t	ter (fing.) Pursuant to 602.0 his date will not be listed
nent's effective	e date on the Dep	partment of State	e's records.	* * * * * * * * * * * * * * * * * * * *	, 	1
cord specifi	es a delayed	effective dat	e, but not a	n effective t	ime, at 12:01	a.m. on the earlier
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Rolando		प्रमेतामट of a mer	nber or authoriz	ed representative	of a member	

Page 3 of 3

Filing Fee: \$25.00