

LE000024173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

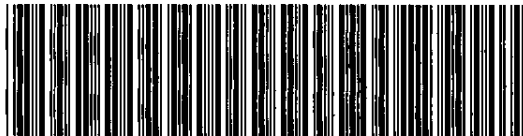
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200285200942

05/03/16--01027--015

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
19:47-3 PM 3:50

MAY 04 2016  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Riket 22, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lily Padial  
Name of Person  
Padial & Company PA  
Firm/Company  
999 Ponce de Leon Blvd 705  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
lpadial@padialcpa.com  
E-mail address: (to be used for future annual report notification)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 MAY -3 PM 3:50

For further information concerning this matter, please call:

Lily Padial at 305 443-4305  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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**

Ribet 22, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/9/2015 and assigned  
Florida document number L15000024173

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:

(Principal office address MUST BE A STREET ADDRESS)

999 Ponce de Leon Blvd  
Suite 705  
Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 Ponce de Leon Blvd  
Suite 705  
Coral Gables, FL 33134

**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:

Radial & Company, PA  
999 Ponce de Leon Blvd. 705  
Enter Florida street address  
Coral Gables, Florida 33134  
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.

Radial

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mGR	Salvador meljem	999 Ponce de Leon Blvd. Suite 705 Coral Gables, FL 33134	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
JAN 11 3 50 PM

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

Blank lined area for amending information, crossed out with a diagonal line.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -3 PM 3:50

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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

4/29, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Satvador Meljem, MGR