

L15000033743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

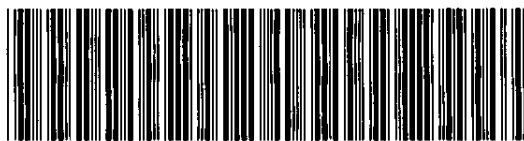
(Business Entity Name)

(Document Number)

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04/08/15--01004--004 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 21 PM 1:04

APPROVED  
AND  
FILED

GA 4/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ridenn, 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:

Fernando Lopera

Name of Person

Ridenn, LLC

Firm/Company

1441 Fortune Retail Ct #318

Address

Kissimmee, Florida 34744

City/State and Zip Code

ang3lat@gmail.com

E-mail address (to be used for future notice of correspondence)

For further information concerning this matter, please call:

Fernando Lopera

407

860-8505

Name of Person

Phone Number

Telephone (if different from above)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 Filing Fee &  
Certificate of Status

☐ \$25.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$25.00 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**

Ridenn, 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 02/23/15 and assigned  
Florida document number L15000033743

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1441 Fortune Retail Ct #318

**(Principal office address MUST BE A STREET ADDRESS)**

Kissimmee, Florida 34744

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Fernando Lopera

New Registered Office Address:

1441 Fortune Retail Ct #318

Enter Florida street address

Kissimmee

Florida 34744

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.*

Fernando Lopera

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR

Fernando Lopera

1441 Fortune Retail Ct #318

☒ Add

Kissimmee Florida 34743

☐ Remove

AMBR

Nelson Velez

1441 Fortune Retail Ct #318

☒ Add

Kissimmee Florida 34744

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

GOVERNMENT  
TELEPHONE  
SINCE  
FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

Fernando Lopera

Signature of a member or authorized representative of a member

Fernando Lopera

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
PALM BEACH, FLORIDA

15 APR 21 PM 1:05

APPROVED  
FILED