## #1 15000058525

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K.SALY EXAMINER JUL -1 2015

## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion orations	•	
CUDIE		O RIVER, LLC		
SORIE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		ANGEL D. CORDOVA		
			Name of Person	
		ANGEL D. CORDOVA &	CO.	
			Firm/Company	
		780 N.W. 42 AVE STE 3	325	
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
	ي در مواود ع ک	"AR@ACORDOVA.COM		
			o be used for future annual report notifica	ation)
For furt	her information co	ncerning this matter, please ca	ill:	
ANGE	D. CORDOVA		305 444-5511	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclose	d is a check for the	e 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 Tallahasseé, 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

FILED
2013 JUN 29
TALLAH ARY OF STAIR
SEE. FLORID.

LUJO RIVER, LI	.C			MELABIAR	**************************************
(Name of the Limi	ted Liability Compar (A Florida Limited L	iy as it now appea iability Company)	rs on our records.	TALLAH ISA D	EE. FI ORID,
The Articles of Organization for this Limited L Florida document number L15000058525		were filed on			assigned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	f the limited liabi	lity company h	<u>ere</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the	designation "LLC"	or the abbreviation	n "L.L.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				<del></del>
					<del></del>
B. If amending the registered agent and registered agent and/or the new registered of			n our records,	enter the na	me of the nev
Name of New Registered Agent:	N/A				
New Registered Office Address:	<del></del>	Enter Flo	orida street address		
			, Flo	rida	
		City	, 1 10	Zip C	ode

## 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 a mending 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>	Address	Type of Action
MGR	JORGE G. LLAMAS	15811 COLLINS AVE.	Add
		APT. 4106	□ Remove
		N.MIAMI BEACH,FL 33160	☐ Change
<del> </del>	<del></del>		Add
			☐ Remove
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			Change
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			☐ Change

reflective 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 605.0 dee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie he 90th day after the record is filed.	]	N/A
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