## LIL 0000095173

(Requeste	or's Name)
(Address)	
(Address)	)
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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## **COVER LETTER**

Registration Section Division of Corporations

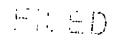
TO:

10421 NOI SUBJECT:	RTHVALE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUILLERMO ANTONIO	MONTERO	
		Name of Person	
	10421 NORTHVALE LLC	• ·	
		Firm/Company	
	12991 NW 1ST STREET	aPT 106	
		Address	
	PEMBROKE PINES, FL.	33028	
		City/State and Zip Code	
	GMONTERO@MSN.COM		
	E-mail address: (	to be used for future annual report not	iffication)
For further information c	concerning this matter, please c	all:	
GUILLERMO A, MON	TERO	310 498-7828 at ( )	
Name o	of Person	at () Area Code — Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



10421 NORTHVALE LLC

2022 JUL 15 PM 5: 03

TACTIONG UNITE	ed Elactify Company)	ATT AND DESIGNATION	
The Articles of Organization for this Limited Liability Compa	my were filed on	and assigned	
Florida document number 16000085173			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our record	ls, <u>enter the name of the new register</u>	
New Registered Office Address:			
	Enter Florida str	veet address	
	, Florida		
	City	Zιp Code	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	etc performance of my a is provided for in Chapi	luties, and I am familiar with and er 605, F.S. Or, if this document is	
WC	hanging Registered Agent S	gnature 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>	Address	Type of Action
MR ————	KEVIN RICHARDSON	1299' NW 1ST STREET aPT 106 PEMNROKE PIN	E: □Add
		<u> </u>	_ ≣Remove
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Tective date, if other than the effective date is listed, the date:  If the date inserted in the cument's effective date on	te must be specific his block does n	e and cannot be pri not meet the app	or to date of filing o	more than 90 days a	ptional) ther filing.) Pursuant to this date will not be	605 020' listed as
cord specifies a delayed ef s filed.	fective date, but	not an effective	time, at 12:01 a.i	a, on the earlier of	(h) The 90th day a	fter the
JULY 8		2022				
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<u>_</u>	(	/ K.c				

Typed or printed name of signee