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	(Requestor's Name)	
	(Address)	
	(Address)	<u>_</u>
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	- -
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

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C. GOLDEN JAN 1 1 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: REAUTOP GROWF Name of Limit	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	_	
YUN10F	2 PIVERO Name of Person	
<u>REAUTOP</u>	6ROUP LLC Firm/Company	
3750 6	NN HWY, STE 2	08
	City/State and Zip Code ON YAHOO. COM to be used for future annual report notific	
For further information concerning this matter, please ca	all:	
YUNIOR RIVERO Name of Person	at (<u>813</u>) <u>758</u> . Area Code Daytime T	5704 Felephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigci \\$50.00 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	Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2019 DEC -6 AM 9:55

PEALTOP 6P-C	OUP LC	ur records)
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	;
The Articles of Organization for this Limited Liability Compar Florida document number <u>16000145600</u> .	ny were filed on8	3 2016. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "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:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		. Florida
	City	Zip Code
N. D. D. J. L. L. L. Cinner, if the property of the state	_	

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 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>	Name	Address	Type of Action
MGR	JUAN M. LLOPCA DIAZ	4316 W. MLK BLYD	□Add
		TAMPA FL 35614	XIRemove
			Change
			□Add
		 	□ Remove
		•	Change
			□Add
			□Remove
			Change
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d 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 led.
Dated	DECEMBER 3 . 2019
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00