

L17000150565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

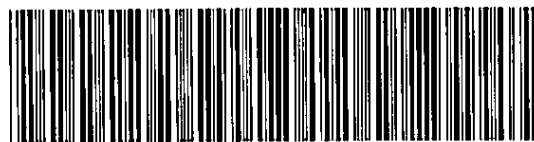
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Amend/cis

JUL 03 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIO VERDE 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:

Sofia Powell-Cosio, Esq.

Name of Person

Sofia Powell-Cosio, P. A.

Firm/Company

1900 SW 3rd Avenue

Address

Miami, FL 33129

City/State and Zip Code

spcmgmtservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofia Powell-Cosio, Esq.

305 579-9988
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RIO VERDE 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 07/13/2017 and assigned
Florida document number L17000150565

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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	DANIEL FERRAZ	RUA ARAXIA 223	<input type="checkbox"/> Add
		SAO PAULO, SP 05609-040 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ARNALDO FERRAZ	AV.DR.ALBERTO PENTEADO 230	<input type="checkbox"/> Add
		SAO PAULO, SP 05678-000 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SIMONE FERRAZ	RUA ARAXIA 185	<input type="checkbox"/> Add
		SAO PAULO, SP 05609-040 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VANESSA FERRAZ	RUA ARAXIA 155	<input type="checkbox"/> Add
		SAO PAULO, SP 05609-040 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RED TAIL HAWK CORP.	P.O. Box 146	<input checked="" type="checkbox"/> Add
		Road Town, Tortola, BVI	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated: June 10, 2019

Arnold Fera
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Red Tail Hawk Corp., a BVI corporation by ARNALDO FERRAZ, President
 Typed or printed name of signee