## L17000184073

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
(****** f f**		RISTA EXPRESS LLC				
SUBJE	CCT:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please (	return all correspo	ndence concerning this matter	to the following:			
		MERY VILLARREAL GO	DMEZ			
			Name of Person	<del> </del>		
			Firm/Company			
2133 POLO GARDENS DRIVE APT 104						
			Address			
		WELLINGTON, FL 3341	4			
		MERYVILLAREAL@HO				
		E-mail address: (	to be used for future annual report notifi	calion)		
For furt	her information co	oncerning this matter, please ca	all:			
FRAN	CISCO JAVIER (	CONTRERAS RESTREPO	561 360-4462 at ( )			
	Name o	Person	at ()Daytime	Telephone Number		
Enclose	ed is a check for th	ne 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

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

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L17000184073</u>	Liability Company were filed on 08/2	9/2017 a	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	Some of the r
Name of New Registered Agent:	MERY VILLARREAL GOMEZ	ASSE	(1) (1)
New Registered Office Address:	2133 POLO GARDENS DRIVE AI		3 77
	Enter Florid WELLINGTON	la street address . Florida 304	7:25
	City	73	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.

f Changing Rogistered 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>	Address	Type of Action
MRG	FRANCISCO JAVIER CONTRER	2133 POLO GARDEN DR. APT. 10 4	🗆 Add
		WELLINGTON, FL 33414	☐ Remove
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		<del>.</del>	Remove
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					ASSEE, FLORIDA	No.	
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<del>-</del>		<u> </u>		<del></del>			
F. Effective data if other than	the date of filing				(451)		
E. Effective date, if other than (If an effective date is listed, the date	must be specific and	g- l cannot be prior	to date of filing	or more than 90 d	_ ( <b>optional)</b> ays after filing.) Pu	irsuant to	605.02
Note: If the date inserted in this document's effective date on the	s block does not n	neet the applica	able statutory i	iling requireme	nts, this date wil	l not be	listed
f the record specifies a dela	ved effective o	late, but no	t an effectiv	e time, at 1	2:01 a.m. on	the ea	arlier
b) The 90th day after the r	ecord is filed.	,,			2.01 0 0	tire cu	
ALICWOTE 21		2015					
Dated AUGUST, 31		2017					
	ر المسلك	1.1					
	The state of the s	PORMUE	<b>∠</b>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00