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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055 : (407)898-1757 Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Customer @ abk corp. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RI FLORIDA INVESTMENTS, LLC

Certificate of Status	0
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	1 .	•	COVER LETTER		
	TO: Registration Se				
	SUBJECT	RI FLORIE	A INVESTMENTS, LLC		
	SUBJECT:	Name of Li	mited Liability Company	<del></del>	
	!				
	The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.		
	Please return all correspo	ndence concerning this matte	er to the following:		
		STEPHANIE CASTRO			2021 Sec
			Name of Person		
		ACCOUNT BOOKKEE	PING CORP		$\overline{\omega}$
			Firm/Company		
		5301 CONROY RD, STI	E 140		Fig.
			Address		AN T
	i t	ORLANDO, FL 32811			
	! !	austomor@ahkaa— aa—	City/State and Zip Code		
		customer@abkcorp.com E-mail address:	(to be used for future annual repor	t notification)	202
	For further information co	oncerning this matter, please	call:		
	STEPHANIE CASTRO		407 898-i7	757	a f
	Name of	Person		aytime Telephone Number	P1 4:50
	Enclosed is a check for th	e following amount:			$\frac{1}{6}$
	■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & Py
	Mailing Address	ection	Street Addres Registration	Section	
	Division of Co P.O. Box 632 Tallahassee, F	7	The Centre	Corporations of Tallahassee onroe Street, Suite 810 , FL 32303	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RI FLORIDA INVI	,		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears sability Company)	on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company		10/17/2017	and assigned
Florida document numberL17000214229			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>re</u> :	
			vr. ≥
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the	
Enter new principal offices address, if applicable:		<i></i>	
(Principal office address MUST BE A STREET ADDRESS)			ω
			70
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our re	cords, <u>enter the na</u> r	me of the new registered
· Name of New Registered Agent:			56 D
Now Designated Office Address			2/
New Registered Office Address:	Enter Florid	la street address	
		Plaulda	300
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of n ovided for in Cl	ny duties, and I am apter 605, F.S. Or	familiar with and , if this document is
; ;			
If Chang	ing Registered Ager	it. Signature of New Re	egistered Apent

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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
MGRM	RICHARD JAMES S B CARIDA	5353 Dove Tree St	■Add
		Orlando, FL 32811	□Remove
			[]Change
			□ Add □ Rēmovē
			Change DAdd
			☐ ☐ ☐ Remove
			□ Add
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	Sent anning to 2		□ Add // □ Remove
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			□Remove
			□ Change

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f amending any other information, en	iter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of fan effective date is listed, the date must be spon	of filling: (optional). (c) (ptional) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Locument's effective date on the Departme	ent of State's records.
record specifies a delayed effective date. I d is filed.	but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
DatedApril 21	2021
	$\lambda = a + \lambda + \partial = \partial a$
ក៏ខ្មែរជាប	ne of a member or authorized representative of a member
	SUELI SCHULZ BRABO CARIDA
	Typed or printed name of signce