## 11800000 1597

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900336020709

16/29/19--01621--067 \*\*25.00

R. WHITE NOV 2 76 2019

## **COVER LETTER**

Divi	sion of Corp	porations		
SUBJECT:	RIFAL LLC			
SOBJECT:			ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		FABIO ROLLIN RAMOS	VIEIRA	
			Name of Person	<del></del>
		RIFAL LLC		
			Firm/Company	<del></del>
		3038 N. JOHN YOUNG P.	ARKWAY, UNIT 31	
			Address	
		ORLANDO - FL 32804		
		PRIMEINCOMETAX1@G	City/State and Zip Code MAIL.COM	
		E-mail address: ()	to be used for future annual report notif	fication)
For further in:	formation co	oncerning this matter, please ca	all:	
FABIO ROL	LIN RAMO	S VIEIRA	954 205-1307	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi		☐ \$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

TO:

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

RIFAL LLC

2919 01.129 Pit 12: 59

(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		and assigned
Florida document number L18000001597	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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>	Type of Action
MGR	RITA DE CASSIA DE MELLO GOMES	3038 N. JOHN YOUNG PARKWAY, UNIT 31	□ Add
		ORLANDO - FL 32804	
			■ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove

<del></del>				
<del></del>				
		<del>-</del>		<del></del> _
				_
			<del>_</del>	
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>			
<del></del>	-		<del></del>	
				_
				<del></del>
	<del></del>		·	
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be price does not meet the appli	cable statutory tiling	(optional) re than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.0207 I not be listed as
ne record specifies a delayed e The 90th day after the record	ffective date, but n d is filed.	ot an effective tir	me, at 12:01 a.m. on	the earlier of
Oated OCTOBER 21	2019			
Fab. 0 1.4	nature of a member or auth	norized representative o	f a member	
		,		
FABIO ROLLIN RAMOS	VIEIRA			

Page 3 of 3

Filing Fee: \$25.00