L19CCC160406

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
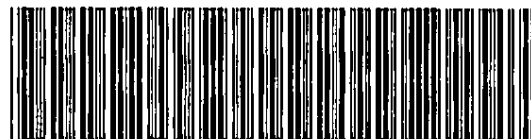(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

609-610

FLORIDA DEPARTMENT OF STATE

Division of Corporations

July 17, 2022

ROBBIN BURGOS
POST OFFICE BOX 1963
RIVERVIEW, FL 33578

SUBJECT: RAZZLEDAZZLE RIVERVIEW LLC
Ref. Number: L18000160406

We have received your document for RAZZLEDAZZLE RIVERVIEW LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00015909

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee. Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RAZZLEDAZZLE RIVERVIEW 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 07/02/2018 _____ and assigned

Florida document number L18000160406 _____.

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:

11296 SULLIVAN ST

(Principal office address MUST BE A STREET ADDRESS)

RIVERVIEW, FL 33578

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: ROBBIN BURGOS

New Registered Office Address: ~~PO BOX 1442~~ 5805 Tulip Flower Drive
Enter Florida street address

RIVERVIEW _____, **Florida** ~~33601~~ 33578
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = **Manager**
AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELENA LINARES	801 MAJORCA AVE	☐ Add
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
MGR	ROBBIN BURGOS	~~PO BOX 1905~~ 5805 Tulip Flower Drive	☐ Add
		RIVERVIEW, FL ~~33569~~ ~~6805~~ 33578	☐ Remove
			■ Change
AMBR	PHILIP F BURGOS	~~PO BOX 1905~~ 5805 Tulip Flower Drive	☐ Add
		RIVERVIEW, FL ~~33569~~ 33578	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

05/09/22

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated   MAY 6TH   2022

_____
Signature of a member or authorized representative of a member

Elena Linares

_____
Typed or printed name of signee