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Certificates of Status
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# **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	RIATOUR	LLC		
30 <b>2</b> 011011		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BEATRIZ OCHOA DE A	LVAREZ	
			Name of Person	
		RIATOUR LLC		
			Firm/Company	<del></del>
		7503 PELLHAM WAY		
			Address	<del></del>
		KISSIMMEE, FL 34747		
			City/State and Zip Code	<del></del>
		ana_iris_az@hotmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please ca	all:	
ALEXIS PR	ADO		954 871-3065	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fec	□ \$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:

TO:

**Registration Section** 

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

RIATOUR LLC	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 11/27/2018  Florida document number L18000273462	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	75
The new name must be distinguishable and contain the words. "Limited Liability Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
	. 23
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 recorregistered agent and/or the new registered office address here:	ds, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street addr	"ess
,	Clamida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
P	ANA IRIS ALVAREZ OCHOA	7503 PELLHAM WAY KISSIMMEE, FL 34747	<b>=</b> Add
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			Change
			Add
			Remove
			☐ Change
			Remove
		<del></del>	☐ Change
		<del> </del>	Remove
			□ Change
			Add
			Remove
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			Remove
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.    DECEMBER 3RD	in effective date is listed, the date must be	specific and cannot be prior	to date of filing or more th	an 90 days after filing.) Pu	rsuant to 605.020
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Filing Fee: \$25.00