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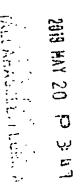
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COVER LETTER

Leonardo SUBJECT:	Riera, LLC			
SUBJECT;	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Leonardo Riera			
		Name of Person		
	Leonardo Riera, LLC			
		Firm/Company		
	1552 NE 8th St Apt 205			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Homestead, FL 33033			
	Candaexpense@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please ca	att:		
Gisela Ramos		561 8144558 at()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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

Trans.

Leonardo Riera, LLC

(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) 2019 MAY	20 P 3 47
The Articles of Organization for this Limited L Florida document number <u>L19000116700</u>		on April 30, 2019	nd assigned
This amendment is submitted to amend the fol-	owing:		
A. If amending name, enter the new name of	of the limited liability compa	iny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>enter the n</u>	ame of the new
Name of New Registered Agent:	Gisela Ramos		
New Registered Office Address:	6127 Bartram Village Dr		
	En	ter Florida street address	
	Jacksonville	, Florida 32258	
	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	Antonio Coa	1552 NE 8th St Apt 205	□ Add
		Homestead, F1, 33033	U Add
			■ Remove
			□ Change
MGR	Yazceminne Perdomo	1552 NE 8th St Apt 205	
		Homestead, FL 33033	■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			
		 .	☐ Remove
			□ Change
	-	☐ Remove	
			☐ Change
			
			□ Remove
			Change

t: cc.	thus date if other than the date of 50
14016	tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	May 13
	Signature of a member or authorized representative of a member
	a formal an ampliful and a second of the sec
	Leonardo Riera

Page 3 of 3

Filing Fee: \$25.00