119000116977

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor	porations			
ARVAL LI	C			
Jobjeci.	name of Person Area Code Daytime Telephone Number			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARSHA SIHA			
		Name of Person		
	INCFILE.COM LLC			
	-	Firm/Company		
17350 STATE HWY 249 SUITE 220				
		Address		
	HOUSTON TX 77064			
		City/State and Zip Code		
			<u>-</u>	
	E-mail address: (to be used for future annual report notificat	ion)	- 5 76
For further information c	oncerning this matter, please co	all:		
MARSHA SIHA				
. Name o	f Person		lephone Number	
Enclosed is a check for the	he following amount:			2 5m
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	e, tatus &

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

.)	TO	
ARTICLES O	F ORGANIZATION OF	6 20
	Of	
	RVAL LLC	> 第
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our reco ited Liability Company)	and assigned
The Articles of Organization for this Limited Liability Comp	any were filed on 04/30/2019	رن and assigned
Florida document number L19000116977		
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 E	liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our record here:	ds, <u>enter the name of the new</u>
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSE ALVARADO BAQUERO	2960 NE 207TH ST UNIT 711	
		AVENTURA, FL 33180	□ Remove
AMBR	FABIANA ARVELO PAREJO	2960 NE 2071'H ST UNIT 711	□ Add
		AVENTURA, FL 33180	Remove
			■ Change
			Add
			Remove
			Change
			□ Add
-			☐ Remove
			Change
			Remove
			Change
			
			Remove
			☐ Change

Effective date, if other than the date of filing: (optional) If on 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 Signature of a member or adjusted a statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. MAY 13 2019 Jose Hawado Bayero Signature of a member or adjustized representative of a member		- · - ·			
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Page 3 of 3

Filing Fee: \$25.00