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COVER LETTER

Division of Co	orporations	
SUBJECT:	alero Rivas, LLC	
	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Iraima Valero	
	Name of Person	
	fraima Valero Rivas, ELC	
	Firm/Company	
	18210 Mediterranean BLVD 2008	
	Address	
	Hialeah, FL 33015	
	City/State and Zip Code	
	Candaexpense@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Gisela Ramos	of Person Area Code Daytime Telephone Number	
Name	of Person Area Code Daytime Telephone Number	•
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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

Iraima Valero Rivas, 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 Mayo 13, 2019 and assigned Florida document number ± 19000129193 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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	Anibal da Graca	18210 Mediterranean BLVD 2008	
		Hialeah, FL 33015	
			☐ Remove
			Change
MGR	Yazceminae Perdomo	18210 Mediterranean BLVD 2008	□ Add
		Hialeah, FL 33015	
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fective date, if other than tl	ne date of filing:		(option	nal)
n effective date is listed, the date in de: If the date inserted in this coment's effective date on the	oust be specific and cannot be pro- block does not meet the app	licable statutory filin	ore than 90 days after f	iline) Pursuant to 605 020
record specifies a delay The 90th day after the re	ed effective date, but r ecord is filed.	not an effective t	ime, at 12:01 a.	m. on the earlier o
May 31	2019			
	Trainu	Valence thorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00