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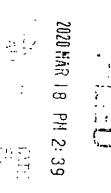
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Gretchen Penisse Rivera Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gretchen Bivera Gretchen Denisse Rivera LLC Firm/Company
2000 Sky Meadew Lane
Kindred FL 3L7LLL City/State and Zip Code OTIVERA @ Ivd mult Services ic Cm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Greichen Wire Va at 407, UCI 8733 Name of Person Area Code Daytime Telephone Number
En∲losed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Compan	y were filed on 5 ILE 2019 and assigned
Florida document number L19000133332	2020 MAR
This amendment is submitted to amend the following:	AR
A. If amending name, enter the new name of the limited lia	bility company here:
El hancho la Herradur	a LLC
The new name must be distinguishable and contain the words * Limited Liab	
Enter new principal offices address, if applicable:	4275 Deez hun ho
(Principal office address MUST BE A STREET ADDRESS)	Sain+ Cloud, FL 34772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1545 Thetford Cir Criando; FL 32824
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent ana/or the new registered office address never	
Name of New Registered Agent: Danie	hojas
New Registered Office Address: 1945	Thet Fold ('17 Enter Florida street address
CY	City Florida 32 824
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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.

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBA	Daniel Acjas	1545 ThetFord Cir CVlando FL 32821	_ Add
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Filing Fee: \$25.00