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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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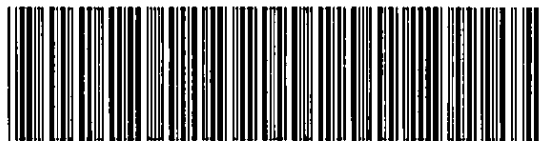
(Business Entity Name)

(Document Number)

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O SIMMONS  
MAR 31 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gretchen Denisse 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 Rivera

Name of Person

Gretchen Denisse Rivera LLC

Firm/Company

2000 Sky Meadow Lane

Address

Kindred FL 34744

City/State and Zip Code

grivera@lrdmultiservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gretchen Rivera

Name of Person

at 407, 601 8733

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Gretchen Denisse Rivera 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 5/16/2019 and assigned  
Florida document number L19000133332

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

El Rancho La Herradura LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4275 Deer Run Rd  
Saint Cloud, FL 34772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1545 Thetford Cir  
Orlando, FL 32824

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Daniel Rojas

New Registered Office Address:

1545 Thetford Cir

Enter Florida street address

Orlando

City

Florida

32824

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

2025 MAR 10 PM 2:39

☐ Change

☐ Add

☐ Remove

