## L19000166207

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

SUBJECT:	RIE, LLC		
	Name of Lim	ited Liability Company	<del></del>
			~>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2073 DCT 16
Please return all correspo	ondence concerning this matter	to the following:	00.
	Cristina M. Henry		구
	****	Name of Person	PH 4: 20
	Cristina Henry Law LLC		20
		Firm/Company	<del></del>
	2840 SW Third Ave		
		Address	
	Miami, FL 33129		
		City/State and Zip Code	
	mpineiro814@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
ALFREDO PINEIRO		at ( <u>786)</u> <u>a55</u> -	-907a
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	an an
B&D ESTATE, LLC	P
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
(A CRANICA ISIMICA ISIMOMY COMPANY)	20
The Articles of Organization for this Limited Liability Company were filed on 06/25/2019	and assigned
Florida document number 1.19000166207	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	11a
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	LLC" 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 office address on our records, en agent and/or the new registered office address here:	ter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ade	dress
	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.

City

Zip Code

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>	Address	Type of Action
AMBR	Martha Pineiro	1220 SW 15TH TER MIAMI, FL 33145	■Add
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Effective date, if other than the da (If an effective date is listed, the date must be	specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory f	iling requirements, this date will not be listed as the
Department of the Department o	Milest of State 9 records.	
he record specifies a delayed effective do ord is filed.	ate, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
Dated 10 / 6	<u> </u>	
.(	Mule F. Piraire	

Typed or printed name of signee