

L19000 253 193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

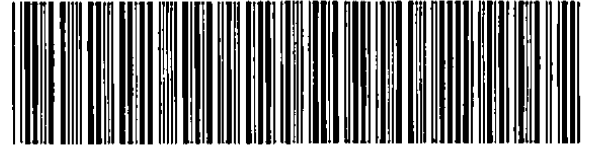
(Business Entity Name)

(Document Number)

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FILED
2020 APR -1 AM 7:08
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
ALABAMA

APR 14 2020
S. YOUNG

TO: Registration Section
Division of Corporations

SUBJECT: Ricaliz Ventures LLC

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:

Ricardo Asencio

Name of Person

Firm/Company

3951 Eternity Circle

Address

Saint Cloud FL 34772

City/State and Zip Code

richieasencio@icloud.com

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

For further information concerning this matter, please call:

Ricardo Asencio

Name of Person

at (*407*)

Area Code

967-7408

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

Ricaliz Ventures 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 10/08/2019

Florida document number L19000253193

This amendment is submitted to amend the following:

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

Ricaliz Consulting 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)

4701 Old Canoe Creek

unit 701657

Saint Cloud FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3951 Eternity Circle

Saint Cloud FL 34772

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:

New Registered Office Address:

Enter Florida street address

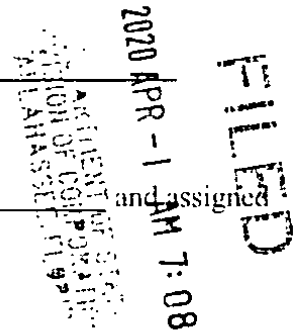
_____, **Florida**
City

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 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



[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 27th . 2020

Signature of a member or authorized representative of a member

Richard. Aencio

Typed or printed name of signee

Filing Fee: \$25.00