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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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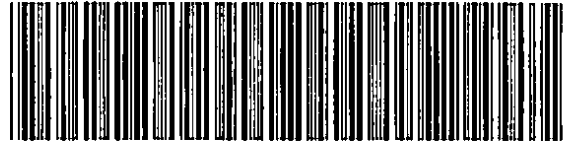
(Business Entity Name)

(Document Number)

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09/07/22--01016--012 **30.

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISAS FACTORY, 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:

GONZALEZ, PEDRO A.
Name of Person
RISAS FACTORY, LLC
Firm/Company
12801 W SUNRISE BLVD SPACE 857
Address
SUNRISE FL 33323
City/State and Zip Code
risasfactoryusa@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

RICARDO A. GONZALEZ DIAZ 754 946 0040
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

RISAS FACTORY, 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 10/18/2019 and assigned
Florida document number L19000262339.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12801 W SUNRISE BLVD SPACE 857

SUNRISE FL 33323

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GONZALEZ DIAZ, RICARDO A.

New Registered Office Address:

3055 NW 126TH AVE BLDG 7 APT 303

Enter Florida street address

SUNRISE

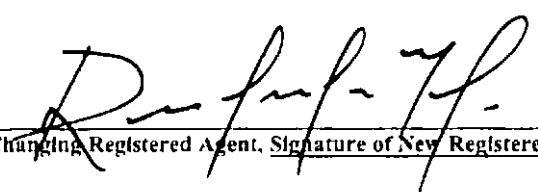
City

, Florida 33323

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

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> | <u>Type of Action</u> |
|--------------|---------------------------|--------------------------------------|--|
| MGR | PEDRO, GONZALEZ ANTONIO | 3055 NW 126TH AVENUE BLDG 7 UNIT 303 | <input type="checkbox"/> Add |
| | | SUNRISE FL 33323 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GONZALEZ, PEDRO A. | 3055 NW 126TH AVE BLDG 7 APT 303 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE FL 33323 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GONZALEZ DIAZ, RICARDO A. | 3055 NW 126TH AVE BLDG 7 APT 303 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE FL 33323 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DIAZ PASUY, MARIA E. | 3055 NW 126TH AVE BLDG 7 APT 303 | <input checked="" type="checkbox"/> Add |
| | | SUNRISE FL 33323 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 2022 SEP - 7 PM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FL

2022 SEP -7 AM 11:11
SECRETARY OF STATE
FALL ANNUAL MEETING

FILED
2022 SEP -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 30, 2022

Signature of a member or authorized representative of a member

PEDRO A. GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00