

L20000138870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

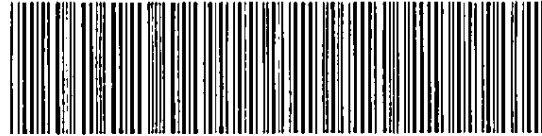
(Document Number)

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2020 AUG -6 PM 2:23

2020 AUG -5 AM 10:23

C. GOLDEN

AUG 12 2020

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 8/6/20

NAME: RIGENERA USA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attridge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:



RIGENERA USA 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:

FABIAN DANIEL SCOPE

Name of Person

OSM NORTH AMERICA LLC

Firm/Company

1000 NW 54TH STREET

Address

MIAMI / FL / 33127

City/State and Zip Code

F.SCOPE@OSMANAGEMENT.IT

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

For further information concerning this matter, please call:

FABIAN SCOPE

Name of Person

at (786) 82-1251

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2020 AUG 11 PM 1:52

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 7, 2020

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: RIGENERA USA LLC
Ref. Number: L20000138870

We have received your document for RIGENERA USA LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The document must be signed by a member or an authorized representative of a member.

Please remove "OSM NORTH AMERICA LLC" from the signature block on the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00014851

Please keep original file
date
Thank you!

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

RIGENERA USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 APR -6 AM 10:23

The Articles of Organization for this Limited Liability Company were filed on 5-21-2020 and assigned Florida document number L20000138870

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)

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:

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 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>
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AMBR	FABIAN DANIEL SCH	553 NE 67 th STREET, Miami, FL 33138	<input checked="" type="checkbox"/> Add
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(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 MIAMI 8-5 2020

[Signature]
Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

RAUL PARONETTO

Typed or printed name of signee

Filing Fee: \$25.00