## LZ0000297910

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## **COVER LETTER**

	Registration Se Division of Cor		4	•
end nez		O GROUP LLC		
SUBJEC	.I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ROBERTO RICCELLI		
			Name of Person	
		RE-PUESTO GROUP LL	c	
		<del></del> .	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9924 NW 86 TERRACE		_
			Address	•
		DORAL, FL 33178		•
			City/State and Zip Code	· ·
		CDSTAXSOLUTIONS@G	MAIL.COM  to be used for future annual report not	-115
For furth	er information c	oncerning this matter, please of	·	(CAC ATTENT)
	TO RICCELLI		÷58 414102102	5
	Name o	f Person	at ()	ne Telephone Number
171	t to a subscribe the soll	6 Ha da a a a a		
		ne following amount:		<b>-</b>
<b>■ 5</b> 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 tadditional copy is enclosed)
	Mailing Addres Registration S		Street Address:	ection
	Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE-PUENTO GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/22/2020 and assigned Florida document number 1.20000297910

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 "LLC".

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

\_. Florida \_\_\_

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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>	Name	Address	Type of Action
AMBR	MY GOOD APP LLC	9924 NW 86 TERRACE	∄Add
		DORAL, FL 33178	□Remove
			□Change
			□Add
			□Remove
			CChange
			□Remove
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<u>vote:</u> If the date	other than the date of filing:  disted, the date must be specific and cannot inserted in this block does not meet the ive date on the Department of State's not make the ive date on the Department of State's not make the ive date.	applicable statutory filing req	ian 90 days after filing.) Pursuant to 605.0 uirements, this date will not be listed
record specifies : I is filed.	a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after
ated <u>Octo</u>	sber 27 . 20	020	

Filing Fee: \$25.00

Typed or printed name of signee