L20000303353

(Requestor's Name)				
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(Business Entity Name)				
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FILED 2020 NOV 23 AH 11: 11

12/30/20

COVER LETTER

SUBJECT: _ Eveli	o Rivero Name of Lin	LLC	
	Name of Lin	uted Liability Company	
The enclosed Articles of Am	iendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	mee concerning this matter	to the following:	
	Evelio f	Rame of Person	
	Evelio R	LIVERD LLC Firm/Company	
	3910 SW	91 Avenue	
	Miani, A	FL. 33165 City/State and Zip Code	
	eveliptive name address:	ro1979 a yaha	etification)
For further information cone	erning this matter, please c	all;	
Evelio Rive	STO	at (786) 649 Area Code Day	-1292 time Telephone Number
Enclosed is a check for the fi	ollowing amount:		
¥ \$25 00 Filing Fee □	US30,00 Filing Fee & Certificate of Status	FI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[1] \$60,00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed:
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> 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

0:1100 110

Evelio Nivere		
(A Florida Limite	pany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>09/25/20</u>	and assigned
Florida document number <u>L2000303353</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "LTC"
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)		2020 NOV 23 AH
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>	, Floric	
	Cay	Zip Code
Nam Danistarad Arant's Signatura, if abanding Danistarad Aran		

New Registered Agent's Signature, if changing Registered Agent:

T. 1.

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kaifer Barco Arbelo	3910 SW91 Ave Miami, FL. 33165	X Add
			URemove
			∐Change
			
			🗆 Remove
			2020 NOV 23 Airell: 1
			TAdd
			Remove
			Change
-		 	flAdd
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			_ UAdd
			1. Remove
			Change

adding manager	
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E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and eaunot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing) Pursuant to 605,0207 (3)() its, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier ecord is filed.	of: (b) The 90th day after the
Dated November 18, 2020	
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Evelio Rivero Typed or printed name of signee	

Filing Fee: \$25.00