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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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T. MATTHEWS

DEC -7 2021

		COVER LETTER	
TO: Registration Se Division of Cor			•
PROVIDO SUBJECT:	RA LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PATRICK CHARLES		
		Name of Person	
	PROVIDORA LLC		
	***	Firm/Company	
	20540 NW 7TH ST		
		Address	
	PEMBROKE PINES, FL	33029	
		City/State and Zip Code	
	PROVIDORAT@GMAIL.	COM to be used for future annual report notif	faction)
tion further information a		·	neation)
ror turther intornation c	oncerning this matter, please c	aii:	
PATRICK CHARLES		202 492-7542 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 enclo

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVIDORA LLC 21 NOV 16 AH 9: 04

(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	and assigned
Florida document number L20000373629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r 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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	zup 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 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 **Address Title Name Type of Action** MGR ALAIN ADRIEN 20540 NW 7TH ST, PEMBROKE PINES, FL 33029 ■Add Remove _____ Change _____ □ Remove _____ □Add ____ Remove _____ □ Add ______ □Change _____ Remove _____ □Remove ____ □Change

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