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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Co		i,	8
SUBJECT: Rik	a Rumba Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arundel (Rika Ri 10549 OF Riverview tagactser	Name of Person Name of Person What LLC Firm/Company DRUC Address City/State and Zip Code Vices Company to be used for future annual report notif	mirez Som
For further information of	concerning this matter, please c	_	
Alexsand	MY GOMEZ	ar (407) 600	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Rika Rumba LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2100098867}{}$.	were filed on $3-01-26$	<u>21</u> an	nd assigned
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 Liabil	ity Company," the designation "LLC" or the	e abbreviati	on "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 a agent and/or the new registered office address here:	oddress on our records, <u>enter the n</u>	ame of th	e new registered
Name of New Registered Agent:		<u>N)</u>	•
New Registered Office Address:		·	. <u>î</u>
	Enter Florida street address	=	フ
	, Florida	2	
	Cuy	□ Zip €	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familia Or, if this	r with and document is
If Chan	ging 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

Title	<u>Name</u> Arunde l	Address 10549 ORIS DRIVE	Type of Action
AMBR		Riverview, Fl. 33579	🗆 Add
			□Remove
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Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional)	1
Note: If the date inserted in this block does not meet the applicable statutory filir	nore than 90 days after filing f Pursuan ng requirements, this date will not	be-listed as t
document's effective date on the Department of State's records.	24	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. d is filed.	on the earlier of: (b) The 90th da	ay after the
11-1 05 2001		
Dated May 25 . 2021.		
Signature of a member or authorized representative	c of a member	
> · ·	0	
Arandel Quintana Ramir	ر ۶۰ کر	

Filing Fee: \$25.00