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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		-	
	Soraya Morera		
		Name of Person	
	Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Soraya Morera		
		Firm/Company	
	19423 SW 136 Ave.		
		Address	
	Miami, FL 33177		
		City/State and Zip Code	
	· •	16 6	F
For further information		·	neanon
Soraya Morera		ne f	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Registration Se Division of Cor The Centre of T	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISOMO, LLC

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(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on i Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000137165	y were filed on 03/23/2	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ation "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 agent and/or the new registered office address here:	address on our record	is, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		, Florida Zyp Code
N	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic- company has been notified in writing of this change.	e performance of my o provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Name	201 SEP 20 AM 6: 16 Address					
AMBR	Ricardo Morera	19423 SW 136 Ave. Miami, Fl ₂ 33177	Type of Action □Add				
			≣Remove				
			□Change				
MGR	Ricardo Morera	19423 SW 136 Ave. Miami, FL 33177	= Add				
			□Remove				
		·	□Change				
			□Add				
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Filing Fee: \$25.00