<u>L21000183192</u>

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COVER LETTER

TO:

TO: Registration So Division of Co			
	ERA LA REVANCHA LLC		
SUBJECT:	Name of Lin	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:	
	PEDRO A RIVERA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	RIVERA & ASSOCIATE	s	
		Firm/Company	
	2641 DIXIE LN		
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	privsep@yahoo.com		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
PEDRO A RIVERA		407 350-2556 at ()	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he 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 enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LECHONERA LA REVANCHA 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	were filed on 04/28/2021	and assigned
Florida document number L21000183192		
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	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1160 E VINE ST	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34744	
		?[
Enter new mailing address, if applicable:		7621
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u> </u>
		SSS E
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 (</u>	the name of the new register
agent and/or the new registered office address nere.		FEE 31
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	:
	Flo	orida
	, Pid	Zip 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

<u>Title</u>	Name	Address	Type of Action
AMBR	DEL VALLE. PEDRO A	840 SIESTA DR	□Add
		KISSIMMEE, FL 34741	≡Remove
			□Change
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			Remove
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Filing Fee: \$25.00