8/4/2021 Notida Depation ent of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

3054424829

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 : (305)442-4829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALVERDE 6 LLC

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COVER LETTER

ro: Registration Sec Division of Corp				٠,
	DE 6 LLC			
SUBJECT:	Name of Limit	ed Liability Company		
		to the Otton		
	Amendment and fee(s) are subr			
Please return all correspor	idence concerning this matter t	o the following;		
	LAURA KOHN			
		Name of Person		20
ARAZOŻA & FERNANDEZ-FRAGA P.A.			7021 AUG	
		Firm/Сотрипу		6
	2100 SALZEDO STREET	, S UITE 300		് .
		Address		
	CORAL GABLES, FL 331	34 USA		5: 03
		City/State and Zip Code	 	ω
	LAURA@ARAZOZA.COM	d to be used for future annual report notification	tion)	
For further information of	oncerning this matter, please of			
	and an analysis of	305 444-6226 EX	CT 233	
LAURA KOHN		at ()	elephone Number	-
Name o	f Person	Area Code Daytime T	ereprione transcer	
Englosed is a check for th	ne following amount:			
525,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing (Certificate of Certified Copy (additional copy)	Status & y
Mailing Addres		Street Address:		
Registration S	Section	Registration Secti		

Division of Corporations P.Q. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RDE 6 LLC		
(Name of the Limited Limitity Comp (A Florida Limited	pany as it now appear [Liability Company]	a on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	04/29/2021	and assigned
This amendment is submitted to amend the following:			
4. If amending name, enter the new name of the limited lia	bility company he	re:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or the	abhreviation "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 offic agent and/or the new registered office address here:	e address on our s	eccords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	Cliv	,	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.

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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>	<u>Name</u>	Address	Type of Action
MGR	DANA MARIA TOHME	2100 SALZEDO ST STE 201	
		CORAL GABLES, FL 33134	□Remove
MGR	YASMINE TOHME	2100 SALZEDO ST STE 201	= Add
		CORAL GABLES, FL 33134	□Remove
			Change
		□Add	
		□Remove	
		□Сһалдс	
		□Add	
		□Remove	
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		□∧dd	
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			□∧dd
			□Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if i	necessory:)	
		20
		21 AUG
	·-	G - 5
		PH :
	<u> </u>	5: 03
E. Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and earnest be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records	optional) after filmg) Pursuum to 605 r, this date will not be liste	(02)17 (3Xb) ed as the
If the record specifies a delayed effective date, but not an effective time, at $12.01\mathrm{a.m.}$ on the earlier creard is filed	all (b). The 90th day afte	r the
Dated AUGUST 4 2021		
Signature of a member or authorized representative of a member		
ALAIN TORME MANAGER		

Typed or printed name of signee