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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS 0CT 29 2021

COVER LETTER

	gistration S rision of Co	Section orporations		
SUBJECT:	AF RODE	RIGUEZ LLC		
SOURCE.		Name of Li	mited Liability Company	
The enclosed	l Articles o	f Amendment and fee(s) are su	ibmitted for filing.	
Please return	all corresp	ondence concerning this matte	r to the following:	
		YANISLEIDYS RAMIR	EZ RODRIGUEZ	
			Name of Person	<u> </u>
		AF RODRIGUEZ LLC		
			Firm/Company	
		428 SW 6 STAPT 2		
			Address	
		MIAMI. FL 33130		
			City/State and Zip Code	
		YANISLEIDYS92@GMA		
			(to be used for future annual report not	ification)
For further in	formation c	concerning this matter, please c	all:	
YANISLEID		REZ RODRIGUEZ	305 910-1121 at()	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 Fi	ling 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)
Regi	ing Addres istration S	Section	Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations		
	Box 632		The Centre of T	allahassee
1 4112	ahassee, F	TL 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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AF RODRIGUEZ LLC

(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 Florida document number L21000217047	ty Company were filed on 05/10/2021	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ADD LCC)	
Enter new mailing address, if applicable:		
	1	
	1	
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	ered office address on our records, enter t	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	ered office address on our records, enter t	
Mailing address MAY BE A POST OFFICE BOX	ered office address on our records, enter t	
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, enter t	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered and/or the new registered office address her	ered office address on our records, enter t	
	ered office address on our records, enter tre: Enter Florida street address	

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		Addr 23 OCT 18 PH 3: 10	
<u>Title</u>	Name	Address OCT 18 PH ST	Type of Action
AMBR	FRANCO GONZALEZ, ADRIAN	428 SW 6 ST	□Add
		APT 2	≣Remove
		MIAMI, FL 33130	□Change
	···	<u> </u>	□Add
			□Remove
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			□Add
			□Remove
			□Change

	on, enter change(s) here: (Attach additional sheets, if necessary.)
	21 OCT 18 FH 3: 10
	21 001 10
	
Effective date, if other than the da	ate of filing: (optional)
f an effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605 0207 (3
Solution If the date inserted in this block locument's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will not be listed as the
some some and an incline page	which of State & records.
record specifies a delayed effective d	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
OCTOBER 11	2021
9	<u></u>
\ \ <u>\</u> \.	-\
Si	gnature of a member or authorized representative of a member
- ' -	- ,
YANISLEIDYS RAMIRE:	Z RODRIGUEZ
	Typed or printed name of signee

Filing Fee: \$25.00