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COVER LETTER

Division of Co.			
RLA Florid	la LLC		·
SUBJECT:			
	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:	
	Roberto R Lopez Aroche		
		Name of Person	
	RLA Florida LLC		
		Firm/Company	
	50 West 43 rd st		
		Address	
	Hialeah FL 33012		
	rlaflorida21@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report i	otification)
For further information c	oncerning this matter, please c	all:	
Roberto R Lopez Aroche	•	786 800-0177	
·		at ()	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 (Street Address: Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632			f Tallahassee
Tallahassee,	F1, 32314	2415 N. Mor	troe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RLA Florida LLC

21 00T -5 PH 3: 15

(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 Company were filed on ____ and assigned This amendment is submitted to amend the following: 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 "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida _____ Zip Code City

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 = N $AMBR = A$	Ianager Authorized Member	, nu 3: 15	
<u>Title</u>	Name	Adards 0.67 - 5 PH 3: 15	Type of Action
AMBR	Roberto R Lopez Aroche	50 West 43 rd st Hialeah, FL 33012	= Add
			□Remove
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Affective date, if other than the contained an effective date is listed, the date must Note: If the date inserted in this blockboument's effective date on the Department.	ck does not meet the applical		
record specifies a delayed effective d is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the earlie	er of; (b) The 90th day after the
September 27 Pated	20021	- hi	
		Ukilor	

Typed or printed name of signee