L21000341880

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DEC 2 • 2023 D CUSHING fax

DATE: December 7, 2023

Ph: 850.245-6050 TO: DIV. OF CORPORDITIONS

Fax: 850 - 245 - 6014

FROM: CARMEN RIVERD

Ph: 954 - 260 - 5933

Fax: 954-346.4036

Number of pages (including cover sheet): '(

A request to amend the Articles of Organization for LA RIPIERA LLC was submitted on Aug. 2, 2023 (USPS tracking attacked) and we have not heard back nor seen any update on the Sunbiz org website, other than an it showing a Last Event LC Amendment We would appreciate an update on the status or if on 08/07/2023.

additional information is required.

Copy of Cover Letter and Articles of Amendment submitted are affached.

Trankyou, Cam S. Mirerey

Notice of Confidentiality: The information contained in and transmitted with this facsimile may be confidential and/or exempt from disclosure under applicable law and is intended only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that inadvertent disclosure of this information to you does not constitute a waiver of confidentiality and that any review, disclosure, copying, or use of the contents by you is prohibited. If you have received this fax in error, please contact the sender immediately at the contact information listed above.

COVER LETTER

	istration Sec ision of Corp						
SUBJECT:		UPIERA LLC					
SODJEC1.	•	Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mined for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		CARMEN RIVERA					
			Name of Person				
		CAG FINANCIAL CONS	ULTANTS LLC				
	Firm/Company						
	4233 W HILLSBORO BLVD., UNIT 970751						
			Address		úΣ	20	
		COCONUT CREEK, FL	33097		14.0 14.0 14.0 14.0 14.0 14.0 14.0 14.0	2023 AUG -	[]
			City/State and Zip Code	·	7.4	99	atencia e i
		CSRIVERA06@GMAIL.C	OM to be used for future annual report notif	fication)	7	~_	; ;
For further in	nformation co	printer address. (oncerning this matter, please of		accentony	3.5	P# -:	1000
CARMEN R	UVERA		954 260-5933 at ()			2	
	Name of	Person	Area Code Daytime	e Telephone Number			
Enclosed is a	check for th	e following amount:					
		. ■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

850-295 6000 600 2011 for 20150 Autom 1970

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA RIPIERA LLC			
(Name of the Limited	l Liability Compa A Florida Limited L	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number <u>L21000341880</u>	bility Company	were filed on <u>07/28/2021</u>	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street	address
			Florida
		City	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>	<u>Name</u>	Address	Type of Action
AMBR	MARIA GUADALUPE CORDON	2190 NE 68TH STREET, UNIT 524	■Add
		FT LAUDERDALE, FL 33308	
			Change
AMBR	JUAN CARLOS I. CORDON	2190 NE 68TH STREET, UNIT 524	= Add
		FT LAUDERDALE, FL 33308	🖸 Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			(¯).Add
			□Remove
			Change

N/A		
		-
		
		
		 -
ffective date, if other than the	date of filing:	(optional)
iote: If the date inserted in this bl	ck does not meet the applicable statutory filing requiremen	its, this date will not be listed a
ocument's effective date on the D	partment of State's records.	
	date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
d is filed.		
AUGUST 2	2023	
AUGUST 2	· · · · · · · · · · · · · · · · · · ·	
	Ourse C. Condon	
	Quan C. Cordon Signature of a member or authorized representative of a member	<u> </u>
	JUAN C. CORDON	

Filing Fee: \$25.00