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(Requestor's Name)
, , ,
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States 21ph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

A. RIVERS
DEC 2 9 2022



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10/11/22--01028--005 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Rhom	100 Mc	•
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Meises	Delon Same of Person	
	Rho	Firm/Company	<u> </u>
	14631 50	1) 14th towaco	
	MICH	Mir. A 33186 City/State and Zip Code	
	,	o be used for future annual report notif	Equition 1
			iteation
For further information of	oncerning this matter, please ca	MIC	
Name o	of Person John D	at (756) 334 – Area Code Daytime	9763 e 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $22 - 20 - 20$ and assigned	
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	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14631 5W /14th France	
Principal office address MUST BE A STREET ADDRESS)	Miani pl 33186	
		_ -
	14631 501 114th Terrare	
Enter new mailing address, if applicable:	17631 SW 179 1811011 C	
Mailing address MAY BE A POST OFFICE BOX)	MICMI- F1 33186	_
	. 2 . 0	
B. If amending the registered agent and/or registered office a	7.5	<u>sterec</u>
agent and/or the new registered office address here:	**	
Name of New Registered Agent:		
New Registered Office Address:	(LS)	
	Enter Florida street address 📆 ထ	
	, 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 Changing Registered Agent, Signature of New Registered Agent

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
(JUBC	Graziela dist. Rios	41735W 27-10 mp Copera	33 5 2 50 JA DVOII
			□ Remove
			□Change
	·		🗖 Add
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. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Changes to be made are.
	reduces change and adding new members
_(stocieles del Comen l'ios to the compation.
-	
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E ec.	
(If an effective Note: If the	late, if other than the date of filing:
the record spe cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	20bben 06. 2022.
-	Signature of member of authorized representative of a member
-	X Moises Deloado López Typed or printed name of signee
	. Weed or bruned milit or signed