L21000 H37 196

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300402889683

02.22/20 -01010 -014 -420.00



COVER LETTER

TO:	Registration Sec Division of Cor		•	
SUBJI	ECT: RiZ	SEYVICE Name of Lim	S LLC ited Liability Company	<u> </u>
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jose A.	Pivera Name of Person	
			Firm/Company	
		915 Ruth	CV-FOVOI In. Address	OCOC Fication)
		Hovernill	FL 33415 City/State and Zip Code SC 353 QYGVX to be used for future annual report notif	
		BIVEYOLO E-mail address: (1	Sc 353 Oyalva to be used for future annual report notice	DO COM
For fur	ther information ed	oncerning this matter, please ca		£
コ	DSE A · R Name of	NCYA Person	at (STO) 355- Area Code Daytime	8537 e Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	S30.00 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)
	Mailing Address Registration S		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

1 .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rize Service		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000 H37 191</u>	ompany were filed on 10 - le-	7013 and assigned
This amendment is submitted to amend the following:	imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) d Liability Company were filed on 10 - (c - 7013 and assigned 137 Qu following: e of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." plicable: EET ADDRESS) CE BOX) Enter Florida street address Enter Florida street address	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company." the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>	्राच्या विकास
		<u> </u>
		E B
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	- 1:
		(1)
	+-=+-	71: 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	,	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>	Name	Address	Type of Action
PR <u>E</u> S	Jose A. Pivera		_ □Add
			_ DRemove
			_ iXchange
VP	Wis A. Zertuche	·	_ 🗆 Add
			_ □Remove
			_ CXChange
		, i	Add Colored
			□ Chánge
.			_□Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
		,	_ □Add
			_ □Remove
			□ Change

I am requesting to C	hange th	<u>c </u>
I am requesting to C title of myself Jose	A. Rivera -	to
Manager Also reques-	•	_
Luis A zertucne to	Author, 2ec	<u>>I</u>
Member (AMBR).		
		re e
		123F
		T E
	(<u> </u>
	; 	یں ح
	,	 c .
tive date, if other than the date of filing:	(optional)	
Tective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) P	
nent's effective date on the Department of State's records.	Time requirements, this date w	m not be tise
ord specifies a delayed effective date, but not an effective time, at 12:01 if all delayed.	a.m. on the earlier of: (b) The	90th day afte
d Z. 16. 2023.		
10010		
Joe V	stative of a member	
Signature of a member or authorized representation of the state of the		

• • •

Filing Fee: \$25.00