

LA 1000475091

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2022 FEB 10 PM 2:28

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VITERI FINANACIAL CORPORATION
Account Number : I20180000091
Phone : (786)390-6735
Fax Number : (305)675-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: xavier@viterifinancial.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RN PROP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX
FEB 11 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RN PROP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Xavier Viteri

Name of Person

Viteri Financial Corporation

Firm/Company

6721 SW 69 Terrace

Address

Miami, FL 33143

City/State and Zip Code

xavier@viterifinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xavier Viteri

786 262-1237
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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

RN PROP 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 Company were filed on 11/02/2021 and assigned
 Florida document number L21000475091.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ADA INVESTMENTS GROUP LLC

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 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

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAMI ALEJANDRO AQLEH	LA REINA AV PRNCIPE DE GALES 8820	☐ Add
		CASA A	☒ Remove
		SANTIAGO, S 83200-00 CL	☐ Change
AMBR	NELIDA A. ISUANI LARROY	LA REINA AV PRNCIPE DE GALES 8820	☐ Add
		CASA A	☒ Remove
		SANTIAGO, S 83200-00 CL	☐ Change
AMBR	Mamel Antonio Sabugo Picasso	PASAJE POSECK 0595	☒ Add
		DEPTO 401	☐ Remove
		Temuco, AC 4810300 CL (Chile)	☐ Change
AMBR	VALERIA SONIA GARIB ANANIA	PASAJE POSECK 0595	☒ Add
		DEPTO 401	☐ Remove
		Temuco, AC 4810300 CL (Chile)	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated February 10, 2022

Kaiser Viter

Signature of a member or authorized representative of a member

Xavier Viteri - 3rd Party Designee

Typed or printed name of signee

Filing Fee: \$25.00