## 621000516881

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	<del>,</del>
(Cit	y/State/Zip/Phor	ne #)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RICO CONC			<u> </u>
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears ( liability Company)	on our records.)	
The Articles of Organization for this Limited L	.iability Company	were filed on	12/07/2021	_ and assigned
<u> </u>	,,,,,,,,,,,,,,			v
Florida document number <u>L21000516881</u>	·•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1269 BROOK	PARK AVE	
(Principal office address MUST BE A STREE	ET ADDRESS)	FORT MYERS	S. FL 33913	
Enter new mailing address, if applicable:		1269 BROOK	PARK AVE	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		FORT MYERS	S, FL 33913	<u>~</u>
	<del></del>			:=
		<u> </u>		· -
B. If amending the registered agent and/or	registered office	address on our rec	ords, enter the nar	ne of the new registered
agent and/or the new registered office addre				
				<del>;</del>
	55,40,40,40		ND 77	<del>1</del> 25
Name of New Registered Agent:	BENIGNO I	RICO HERNAND	<u>)EZ</u>	<u> </u>
New Registered Office Address:	1269 BROO	K PARK AVE		9
	Enter Florida street address			
If amending the registered agent and/or	FORT MYE	RS	, Florida <u>3</u>	3913
	1001100	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>	Name	Address	Type of Action
<u>P</u>	BENIGNO RICO HERNANDEZ	1269 BROOK PARK AVE	
		FORT MYERS, FL 33913	Remove
			Change
<u> </u>	ELIZABETH RAMIREZ GALVAN	1055 PEACH ST	□Add
		LEHIGH ACRES, FL 33976	Remove
			Change
MGR_	BENIGNO RICO	1055 PEACH ST	□Add
		LEHIGH ACRES, FL 33976	Remove
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
			□Remove
			Change

ii amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
-		
_		
<del></del>		
(If an effective of Note: If the	te, if other than the date of filing: AUGUST 05, 2024 (optional) 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 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	
ne record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	AUGUST 05 2024	
	Signature of a member or authorized representative of a member	
	BENIGNO RICO HERNANDEZ  Typed or printed name of signee	

Filing Fee: \$25.00