L21000518697

(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:
JAN 13 ADZ

Office Use Only



000378647090

P. 65.22--01016--014 **25.00

2022 JAN -4 AH II: 34 SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	RG & CISNEROS, LLC					
3013)EC1.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JEFF GREENBERG					
	_	Name of Person	pany S Zip Code Tre annual report notification) 252-7100 Daytime Telephone Number Ling Fee & □ \$60.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:			
	GREENBERG & COMPA	NY PA				
		Firm/Company				
	12378 SW 82 AVE					
		Address	<u></u>			
	MIAMI, FL 33156					
		City/State and Zip Code				
	JEFF@MIAMICPA.NET					
	E-mail address: (to be used for future annual report no	tification)			
For further information of	oncerning this matter, please c	all:				
JEFF GREENBERG		at ()				
Name o	t Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Mailing Address: Registration Section		Street Address:	action			
Division of C		S	Registration Section Division of Corporations			
P.O. Box 632	•		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN -4 AH 11: 34 GREENBERG & CISNEROS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L21000518687 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VANESSA A. CISNEROS	2017 S OCEAN DRIVE	≘ Add
		APT # 602W	□Remove
		HALLANDALE BEACH, FL 33009	
		· ·	□Add
			□ Remove
			□ Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
		<u> </u>	□Add
			Remove
			Change
	 		🗀 Add
			□Remove
		 	Change
			□Add
		-	Remove
			□Change

				 -	 .	-	
							
						<u>.</u>	
					-		
	· · · · · · · · · · · · · · · · · · ·		New York Control of the Control of t				
							_
			-		<u>.</u>		
							
						· · · · · · · · · · · · · · · · · · ·	
fective date, if oth	ner than the da	ate of filing:				(optional)	
ffective date, if otle an effective date is liste ote: If the date inse	ed, the date must be rited in this block	e specific and car k does not mee	nnot be prior to	date of filing or r le statutory filit	nore than 90 day 12 requiremen	's after filing.) Pur is this date will	rsuant to 605.0207 not be listed as
ocument's effective				ic statutory init	ig requirement	o, (iii) date iiii	not be fisted at
record specifies a de	layed effective d	late, but not an	effective time	e, at 12:01 a.m.	on the earlier	of: (b) The 90	th day after the
is filed.		~					
DECEMBER :	24		2021)				
ated		/ , <u>-</u>	<i>A</i>	. •			
		1/1					

Typed or printed name of signee