K22000010021

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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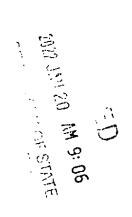
A. RIVERS
JAN 3 1 2022



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COVER LETTER

TO: Registration Section

Division of Corporations

Reach Your SUBJECT:	r Destiny LLC		·	
	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:		
	Destiny Hidalgo			
		Name of Person		
	Reach Your Destiny LLC			
		Firm/Company		
	18117 Biscayne Blvd #139	96		
		Address	 	
	Aventura FL 33160			
		City/State and Zip Code		
	info@reachyourdestiny.co			
	E-mail address: (to be used for future annual report not	iffication)	
For further information c	oncerning this matter, please ca	all:		
Destiny Hidalgo		646 9829640 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Registration So Division of Co		
P.O. Box 632	7	The Centre of	•	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reach Four Desuny LLC.	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number [1.22000010021]	filed on 01/04/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," 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 agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Neg Neg Served Office Address.	Enter Florida street address 0 8
	Enter Florida street address Florida Zip Code
Cip	Florida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	3,000
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am familiar with and

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
CEO	Destiny Hidatgo	18117 Biscayne Blvd #1396, Aventura FL, 33160	≣ ∧dd
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			□Change
			□Add
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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	ate of filing: e specific and ca k does not med	annot be prior to et the applicab	o date of filing of the statutory f	or more than 90 Iling requirem	(optional) days after filing ents. this date	A Purcuont to 60)5,0207 sted as
record specifies a delayed effective of is filed.	late, but not an	n effective tim	ic, at 12:01 a.	m, on the earli	er of: (b) Th	ie 90th day aft	er the
ated		2022					
Dest	im He	Iblao	_				
Si	gnature of a mer	mber or authori	zed representa	tive of a membe	г ——		

Filing Fee: \$25.00