LZZ 000084957

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



000387881210

05/27/22--010:8--007 *+29.00

ALLAHASSEE, FLORIDA

2022 NAY 27 PH 5: 14

AUG 3 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
Luis R Rive	ra LLC					
SUBJECT:	UBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing				
Please return all correspo	ndence concerning this matter	to the following:	-			
	Luis R rivera					
	<u> </u>	Name of Person				
	Luis R Rivera					
		Firm/Company				
	3606 Yellow Bird Ct					
		Address				
	Saint Cloud, Florida 34773	!				
		City/State and Zip Code				
	407LRR@gmail.com		1.6			
		to be used for future annual report n	otification)			
For further information c	oncerning this matter, please c	all:				
Luis R Rivera		786 2622232 at ()				
Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check for the	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)			
<u>Mailing Addres</u> Registration		Street Address: Registration S				
Registration Section Division of Corporations		Division of C	Division of Corporations			
P.O. Box 632			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee,	F に 323 14	2412 N. MON	roc succi, sanc orv			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kako Realty LLC		7 P
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	PH 5:
The Articles of Organization for this Limited Liability Company Florida document number L22000084957	were filed on 02/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Luis R Rivera LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3606 Yellow Bid Ct	
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, Florid 34772	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
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 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>	Type of Action
			□Add
			Remove
			☐ Change
			□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

	000	······				
The "C	BAR	<u> </u>	only	3cce p	Tæ	
-2dding	<u>hhc</u>	m ct	y Leg	en (s	me_	
T Carry	NEVE ?	5 COM2	bsut N	zme 3	<u>15 5</u>	
rezl es	tate s	<u>szles</u>	928 QC1.	ete.		
_ So J v	need to	2 men	d the	7/5/	to Re	y+15.
NEME	to my	<u>hega</u>	WSN L	ne.		
	<u>'</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·			
			,			
						
L' Effective date if other than	n the date of filing			(optional)		
E. Effective date, if other that (If an effective date is listed, the da <u>Note</u> : If the date inserted in t	te must be specific and	cannot be prior to date	of filing or more that	n 90 days after filing.) Pursuant to will not be	o 605.0207 (3)(b
document's effective date on			andiory minig requ	nements, this date	will not be	in in the same
If the record specifies a delayed ef record is filed,	fective date, but not	an effective time, at	12:01 a.m. on the	earlier of: (b) Th	e 90th day	after the
05/24		2022				
Dated	· Q ·				TALLA	2022 NAY
	Signature of a n	nember or authorized	representative of a m	ember	AS.	AY S
Luis R Rivera					() [] [] []	27 E
	- 	Typed or printed nam	ne of signee		FLOR	- 음 - ⁻
					<u>고</u> 감	• •

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

Filing Fee: \$25.00