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Certified Copies		Certificate	s of Status	<u>.</u>
Special Instruction	s to F	iling Officer:		
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2022 MAR 28 AM 8: 41 SECRETARY OF STATE

A. BUTLER APR 1 1 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Cornejo Ri	vero LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
r lease return an correspo	indence concerning this matter	to the following.	
	Walter B. Cornejo		
		Name of Person	-
	Cornejo Rivero LLC		
		Firm/Company	
	2610 S. Kingway Rd.		
Address			
	Seffner, FL 33584		
		City/State and Zip Code	
	lordvaako05@gmail.com	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		TEACH T
Walter B. Cornejo		813 447-1336	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Comejo Rivero LLC

2022 MAR 28 AM 8: 41

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on on the Liability Company)	REGERS)
The Articles of Organization for this Limited Liability Company	were filed on 02/28/2022	and assigned
Florida document number L22000106789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"ELC" 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 a agent and/or the new registered office address here:	iddress on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Cin	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Σιμ Cinα
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dution provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	Hairenn Rivero Sotolongo	2610 Kingsway Rd.	
		Seffner, FL 33584	≣Remove
			□Change
AMBR	Walter B Cornejo Acuna	2610 Kingsway Rd.	🗆 Add
		Seffner, FL 33584	≣Remove
			Change
			□Ađd
			□Remove
			□Add
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ffective date, if other than the	date of filing: 03/18/2022	!	(optional)	
fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ck does not meet the applic	cable statutory filing requi	90 days after filing.) Pursuant to 6	
			ti ed. W. oo. I	
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on the c	eartier of: (b) The 90th day a	ner the
March 18	2022			
	M	 		
	TUT	origal consequentities of a con-	an bur	
	Signature of a member or auth	orized representative of a me	HUCI	
Manager				
	Typed or print	ted name of signce		

Filing Fee: \$25.00