Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001641593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RIVEROS CORP. Account Number : 120190000048 Phone : (305)507-8464 ; (786)516-2206 Pax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERIDA NATURAL PRODUCTS

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T. LEMIEUX

MAY - 9 2022

Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

TO: Registration Se Division of Cor			
	NATURAL PRODUCTS		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The analogod Asticles of	A mendment and fee(s) are subm	nitted for filing	
ricase return an correspo	macrice concerning this mater.	,	
	German Rojas		
	RIDA NATURAL PRODUCTS  Name of Limited Liability Company  icies of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:  German Rojas  Name of Person  Firm/Company  175 SW 7th Street, Ste 1906  Address  Miami/Fl 33130  City/State and Zip Code germanrojas01@yahoo.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  Name of Person  1954  Area Code  Daytime Telephone Number		
		Firm/Company	
	175 SW 7th Street, Ste 190	5	
		Address	
	Miami/Fl 33130		_
		•	
			fication)
For further information			
German Rojas		954 6558281	
	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addr</u> Registration		Street Address: Registration Se Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERIDA NATURAL PRODUCTS		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/04/2022	and assigned
Florida document number L22000185707	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
MERIDA NATURAL PRODUCTS LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LUC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
		<b>6</b> FALL 50
B. If amending the registered agent and/or register	red office address on our records, enter the r	name of the new register
agent and/or the new registered office address here	<b>!</b>	A A
		-6 -8
Name of New Registered Agent:		<del>- 10                                   </del>
		Line S. ⊒E
New Registered Office Address:	Enter Florida street address	<del>- 82</del>
	, Florida	Zip Code
	City	rsp Coue

## 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>	Name	Address	Type of Action
			□Add
			□Remove
		<del> </del>	Change
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Note: If the	te, if other than the date of filing:	605.020 listed (
e record speci and is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after th
Dated May (	$\frac{2022}{Ruu}$	
-	Signature of a member or authorized representative of a member	_