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7/12/22, 10/48 AM

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:_

Account Name : CONTADORMIAMI.COM INC

Account Number : 12020000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVICIOS FINANCIEROS JOHA RIVERA, LLC

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From: TAXLEAF.COM CONTADORMIAMI.COM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICIOS FINANCIER	OS JOHA RIVERA	A, LLC	
(Name of the Limited Liability Compa (A Florida Lunited)	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/23/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			202
			- 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			. u
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, <u>enter the nan</u>	- •
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	ia street address	
		, Florida	· ····
	Clty		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 heing 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 Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	<u>Address</u>	Type of Action
AMBR	RIVERA AMADOR. JOHANA	14951 ROYAL OAKS LN #305	
		NORTH MIAMI, FL 33181	Remove
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		ive date, but not	in effective time	e, at 12:01 a.m	n, on the earlier	of: (b) The 901	h day after the
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	ies a delayed effecti JULY 12TH	LQu	2022	Dami	10		