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(Re	equestor's Name)	
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UCT 14 2022

COVER LETTER

TO: Registration Section Division of Corporations

 SUBJECT:
 RIMA H LLC

 Name of Limited Liability Company

 The enclosed Articles of Amendment and fee(s) are submitted for filing.

 Please return all correspondence concerning this matter to the following:

EDUARDO RIUSECH, ESQ.

Name of Person

Firm/Company

8844 SW 60 Street

Address

Miami, Florida 33173

City/State and Zip Code

riusechpa1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Eduarsdo Riusech, Esq.
 305
 495-4107

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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 Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|--|

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2022	_ and assigned
Florida document number 1.22000325548	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIMA 2 LEC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Repatened Office Address	Enter Florida street o	ıddress
	City	_, Florida Zip Code

New Registered Acc: 18 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. Thereby 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

Title	Name	Address	Type of Action
	·····		🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	
	Paroly Frierell)
	Signature of a member or authorized representative of a member
	Eduardo Riusech
	Typed or printed name of signee