PP1 PWE 00065J

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Division of C				t
	TISUA	110	,	
SUBJECT:		nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	RAMIL	MALUA		
		Name of Person		
	TiS	Firm/Company		
		Firm/Company	·-	
	6316	Taylor ST		20 <i>5</i>
		Address		70 75 12 75
	Hollywood	FL 3302 City/State and Zip Code	> 1,	2022 NOV 21 PH 1: 30
		City/State and Zip Code	-7	
	tamilmo	(to be used for future annual report	Com	- 150 <u>- 1</u>
	E-mail address:	(to be used for future annual report	notification)	: 33
For further information	concerning this matter, please of	call:		11:
Rami	1 Malua	at (786) 3°	998322	
Name	e of Person	Area Code Day	rtime 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)	Certified C	of Status &
Mailing Addr		Street Address		
Registration	n Section Corporations	Registration Division of O		
P.O. Box 63	-		orporations of Tallahassee	
Tallahassee.	, FL 32314	2415 N. Mor	nroe Street, Suite 810	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

risua LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 220003691</u> 99	were filed on _O8/22/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6316 Taylor ST
(Principal office address MUST BE A STREET ADDRESS)	Hollywood FC 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECULATION 21 PH 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name 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>	Address	Type of Action
1 <u>49r</u>	Beatriz Rodriguez	10720 washington STupTk	6 XAdd
		Pembroke Pines, FL 330	⊃2S _{□Remove}
			Change
			□Add
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tive date, if other than the date of filing: liective date is listed, the date must be specific and cannot be prior to date or filing or more than 5. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
id specifies a delayed effective date, but not an effective time, at $1201\mathrm{a}\mathrm{m}$ (on the ealed	arlier on (b). The 90th day after t
11/15/2022	
Van. 1	
Signature of a member of authorized representative of a mem-	