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(Business Entity Name)

(Document Number)

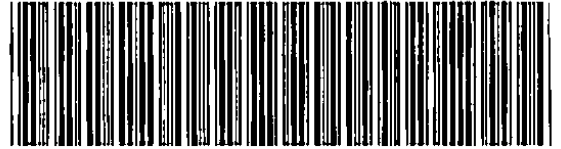
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2022 NOV 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO: Registration Section
Division of Corporations**

SUBJECT: A. Reynoso & Company, 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:

Rodolfo A. Reynoso

Name of Person

A. Reynoso & Company, LLC

Firm/Company

2122 Adams St, Suite 201

Address

Hollywood, Florida 33020

City/State and Zip Code

r.a.reynoso1994@gmail.com

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

For further information concerning this matter, please call:

Rodolfo A. Reynoso

347

290-6185

at (_____) _____

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

A. REYNOSO & COMPANY, LLC

(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 09/29/2022 and assigned
Florida document number 122000422926.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

2122 Adams St, Suite 201 Hollywood Fl. 33020

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2122 Adams St, Suite 201 Hollywood Fl. 33020

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rodolfo A. Reynoso

New Registered Office Address:

2122 Adams St, Suite 201

Enter Florida street address

Hollywood

City

Florida 33020

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	Rodolfo A. Reynoso	2122 Adams St, Suite 201 Hollywood Fl. 33020	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan
MGR	Rodolfo A. Reynoso	400 NW 7th Ave Suite 14310, Fort Lauderdale	<input type="checkbox"/> Add
		Florida, 33311.	<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 27 2022


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rodolfo A. Revnoso

Typed or printed name of signee