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2023 JUL 27 PM 3: 08 SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

aunungsi Ai	DRIANIA RIVERA	REALTOR LLC	ſ
SUBJECT: //	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ADRI ANA	RIVERA Name of Person	
	ADPLAN	A RIVERA LLC	<del></del>
	8310 N	Firm/Company  J Shelman Cir A	SECRETARY OF STATE TALLAHASSEE. FL Section)
	HIRA	MAR FL 33025 · City/State and Zip Code	27 PM
	Adrianac	crivergreal for @g	mapl. com The a
For further information of	oncerning this matter, please ca	all:	
APRI	ANA- EIVERA	at ( 786 ) Z65	8225
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
78-\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Co. Box 632 Tallahassee,	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADRIANA RIVERA REA	MITOR UN
(Name of the Limited Liability Company (A Florida Limited Lia	as it now annears on our records )
The Articles of Organization for this Limited Liability Company w	ere filed on 100 26, 2023 and assigned
Florida document number <u>L23000304645</u>	V
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
ADRIANA RINGRA LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 <b>2</b> 3
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	AHASSEE
(Mailing address MAY BE A POST OFFICE BOX)	FAIE 03
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	dress on our records, enter the name of the new registerec
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
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