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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RECAMI 2023 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:

ANTONIO J PARRA RANGEL

\_\_\_\_\_  
Name of Person

RECAMI 2023 LLC

\_\_\_\_\_  
Firm/Company

5252 NW 85TH AVE APT 1107

\_\_\_\_\_  
Address

DORAL, FL 33166

\_\_\_\_\_  
City/State and Zip Code

USTUEMPRESA@GMAIL.COM

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

For further information concerning this matter, please call:

ANTONIO J PARRA RANGEL

786

849-9937

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RECAMI 2023 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 1.23000309709 and assigned  
Florida document number 06/27/2023.

This amendment is submitted to amend the following:

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

NA

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

NA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

NA

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TALLAHASSEE, FL

**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:

FRANCISCO J GARCIA

New Registered Office Address:

1530 SW 109TH AVE APT 107

*Enter Florida street address*

PEMBROKE PINES

*City*

Florida 33025

*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.*

*Francisco Garcia*

**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>            | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|------------------------|---------------------------|--|
| MGR          | FRANCISCO J GARCIA     | 1530 SW 109TH AVE APT 107 | <input checked="" type="checkbox"/> Add    |
|              |                        | PEMBROKE PINES, FL 33025  | <input type="checkbox"/> Remove            |
|              |                        |                           | <input type="checkbox"/> Change            |
| MGR          | ANTONIO J PARRA RANGEL | 5252 NW 85TH AVE APT 1107 | <input type="checkbox"/> Add               |
|              |                        | DORAL, FL 33166           | <input checked="" type="checkbox"/> Remove |
|              |                        |                           | <input type="checkbox"/> Change            |
| NA           | NA                     | NA                        | <input type="checkbox"/> Add               |
|              |                        |                           | <input type="checkbox"/> Remove            |
|              |                        |                           | <input type="checkbox"/> Change            |
| NA           | NA                     | NA                        | <input type="checkbox"/> Add               |
|              |                        |                           | <input type="checkbox"/> Remove            |
|              |                        |                           | <input type="checkbox"/> Change            |
| NA           | NA                     | NA                        | <input type="checkbox"/> Add               |
|              |                        |                           | <input type="checkbox"/> Remove            |
|              |                        |                           | <input type="checkbox"/> Change            |
| NA           | NA                     | NA                        | <input type="checkbox"/> Add               |
|              |                        |                           | <input type="checkbox"/> Remove            |
|              |                        |                           | <input type="checkbox"/> Change            |

## NA

**Filing Fee: \$25.00**