

L24000044765

H240002908863

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002908863))



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To:

Division of Corporations
Fax Number : (850) 617-4083

From:

Account Name : MORISON TAX PEARL LLC
Account Number : 026709100137
Phone : (786) 787-2415
Fax Number : (786) 787-3377

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR MMG RESIGN
RICHIE TORTAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2024 AUG 29 AM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 AUG 29 AM 10:35

DEPT. OF CORPORATIONS
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 30 2024

H240002908863

COVER LETTER

H240002908863

TO: Registration Section
Division of Corporations

SUBJECT: RICHIE TORTAS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33165

City, State and Zip Code

JESUSLEONTERAN@GMAIL.COM

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

For further information concerning this matter, please call:

JESUS LEON

786

7572436

Name of Person

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H240002908863

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

H240002908863

RICHE TORTAS LLC

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

2024 AUG 29 AM 1:17
FILED
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/24/2024 and assigned
Florida document number L24000044765.

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: _____

(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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address _____

(Not 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 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

H240002908863

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Linares Niño, Euleidis V	3903 NORTHDALE BLVD	☒ Add
		Suite 100E	☐ Remove
		TAMPA, FL, 33624	☐ Change
AMBR	Pinto Maldonado, JULIO C	3903 NORTHDALE BLVD	☐ Add
		Suite 100E	☒ Remove
		TAMPA, FL, 33624	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

24 AUG 29 AM 1:17
FILED
CLERK OF DISTRICT COURT
JULIA ASSOCIATES, P.C.

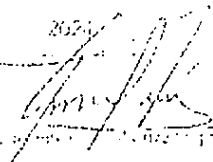
H240002908863

FILED
2024 AUG 29 AM 1:18
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (option 1)
 If the date is other than the date of filing, specify the date and time of the effective date.
 Note: If the date is not in this block, it does not meet the applicable date, any filing requirements, and is not enforceable.
 The court's entrance date on the Department of State's records.

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

Filed AUGUST 23 2024



JESUS LEON REVEREND STEVEN

Agent for the State of Florida