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## **COVER LETTER**

TO:

Registration Section Division of Corporations

RISAS FACTORY EAST SAWGRASS, LLC SUBJECT: 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: DIANA C. GONZALEZ DIAZ Name of Person RISAS FACTORY EAST SAWGRASS, LLC Firm/Company 12801 W. SUNRISE BLVD # 857 Address SUNRISE FL 33323 City/State and Zip Code risasfactoryusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIANA C GONZALEZ DIAZ 946 0040 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Conv Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISAS FACTORY EAS			
( <u>Name of the Limited Liability Comp</u> e (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/21/2024	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	lesignation "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)		<u>.                                    </u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	records, enter the na	me of the new registe
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Flo	rida 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.

11 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>	Name	Address	Type of Action
MGR GONZALEZ, PEDRO A.		3055 NW 126TH AVENUE APT 303	<b>=</b> Add
		SUNRISE FL 33323	
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an effective date is li	sted, the date must be spe-	ritic and canno		tiling or more than	90 days after fil	ing.) Pursuant to 605	
	serted in this block doo e date on the Departme			utory filing requi	rements, this d	ate will not be list	ed as
	·						
record specifies a	delayed effective date.	but not an eff	fective time, at 11	2:01 a.m. on the c	earlier of: (b)	The 90th day afte	r the
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		<u> </u>				•	
			C. GONZALEZ				

ru r. esacon