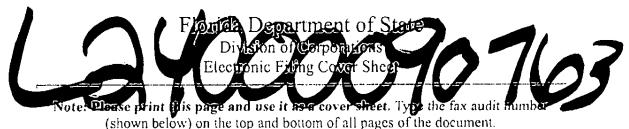
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING & BUSINESS ADMIN CORP

Account Number : I20240000109 Phone : (305)305-8871 Fax Number : (305)564-6793

**Enter the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RISAS FACTORY EAST SAWGRASS, LLC

Certificate of Status	0
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<u>.i.</u>

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISAS FACTORY EAST SAWGRASS, (Name of the United Liability Company as it no (A Florida Limited Liability Co		ur records.)	·
The Articles of Organization for this Limited Liability Company were file Florida document number L24000090763	d on02/	/21/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designa	tion "LLC" or the ab	breviation "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 o agent and/or the new registered office address here:	n our record	ls, enter the nam	2024 DC1 28 Phonewages 38
Name of New Registered Agent:	_		<u> </u>
New Registered Office Address:	Enter Florida str	vet 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 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	□Add
		SUNRISE FL 33323	≣Remove
			□Add
			□Add
			Change
			□Remove
			@Change
			□ Remove
			Change
			□Add
			Remove
			[] Change

y. It amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effect Note: If	date, if other than the date of filing: 10/28/2024 (optional) ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10 / 28 2024
	Viana Gouzalez
	Signature of a member or authorized representative of a member
	DIANA C GONZALEZ DIAZ
	Typed or printed name of signee

Filing Fee: \$25.00