

L24000428738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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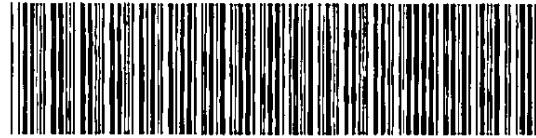
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FL

2024 DEC 18 PM 2:47

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rodeo Bell, 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:

Rocio de Ojeda

Name of Person

Rodeo Bell, LLC

Firm/Company

1761 SE 7 Street

Address

Fort Lauderdale FL 33316

City, State and Zip Code

rociodeojeda@structurecapital.net

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

For further information concerning this matter, please call:

Rocio de Ojeda

954

593-4455

Name of Person

Area

Area Code

Business 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

RECEIVED
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STATE
OFFICE

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

Rodeo Bell, 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 10/4/2024 and assigned
Florida document number 124000428758

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:

enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I, _____, 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 my registered office address, I hereby confirm that the limited liability company has been notified of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 35 U.S.C. § 207 (b)(1)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective 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 earlier of: (b) The 90th day after the record is filed.

Dated 12/13

2024

Signature of a member or authorized representative of a member

Rocio de Ojeda

Typed or printed name of signer

[illegible]

Filing Fee: \$25.00