

L15000033743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

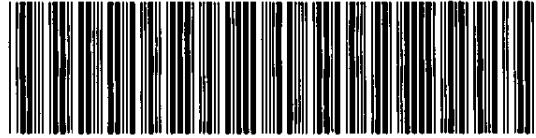
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 21 PM 1:04

APPROVED
AND
FILED

GA 4/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ridenn, 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:

Fernando Lopera

Name of Person

Ridenn, LLC

Firm/Company

1441 Fortune Retail Ct #318

Address

Kissimmee, Florida 34744

City/State and Zip Code

ang3lat@gmail.com

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

For further information concerning this matter, please call:

Fernando Lopera

407

860-8505

Name of Person

Area Code

Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$70.00 Filing Fee &
Certificate of Status

\$25.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$25.00 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

APPROVED
MAY 12 2015
REGISTRATION SECTION

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

Ridenn, 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 02/23/15 and assigned
Florida document number L15000033743

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1441 Fortune Retail Ct #318
(Principal office address MUST BE A STREET ADDRESS) Kissimmee, Florida 34744

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: Fernando Lopera

New Registered Office Address: 1441 Fortune Retail Ct #318
Enter Florida street address

Kissimmee, Florida 34744
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.

Fernando Lopera

If Changing Registered Agent, Signature of New Registered Agent

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

15 APR 21 PM 1:04

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Fernando Lopera	1441 Fortune Retail Ct #318	<input checked="" type="checkbox"/> Add
		Kissimmee Florida 34743	<input type="checkbox"/> Remove
AMBR	Nelson Velez	1441 Fortune Retail Ct #318	<input checked="" type="checkbox"/> Add
		Kissimmee Florida 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

GOVERNMENT OF FLORIDA
 DEPARTMENT OF REVENUE
 15 APR 21 PM 1:04

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 AND
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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)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____

Fernando Lopera

Signature of a member or authorized representative of a member

Fernando Lopera

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
PALM BEACH, FLORIDA