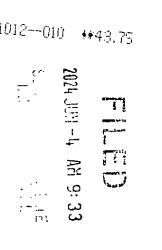
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | N: | (S, INC. | | |
|--------------------------------|---|--|-------------------------------|--|
| DOCUMENT NUMBER: _ | 14481 | | | |
| The enclosed Articles of Amo | endment and fee are sub | nitted for filing. | | |
| Please return all corresponde | nce concerning this matte | er to the following: | | |
| Grant Johnson | | | | |
| - | | (Name of Contact Pe | erson) | |
| Rio Nuevo Docks, Inc. | | | | |
| <u>.</u> | | (Firm/ Company | <i>'</i>) | |
| 3263 SW 138th Way | | | | |
| | | (Address) | | |
| Davie, FL 33330 | | | | |
| ** | _ | (City/ State and Zip | Code) | |
| ocgrant@gmail.com | | | | |
| E- | mail address: (to be used | for future annual rep | ort notification | n) |
| For further information conce | erning this matter, please | call: | | |
| Grant Johnson | | at | 949 | 241-9534 |
| (| Name of Contact Person | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fo | llowing amount made pa | yable to the Florida | Department of | State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing A Amendmer | | | reet Address nendment Sect | ion . |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RIO NUEVO DOCKS, INC.

FILED

| | | 2 U.Tan | F- 11 |
|---|---|-------------------------|---------------|
| (Name of Corporation as currently filed with th | e Florida Dept. of State) | 2021 | |
| 714481 | | 2024 JUN -4 | AH 9: 20 |
| (Docur | ment Number of Corporation (if known) | | . 5.05 |
| | • | | : |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation: | orida Statutes, this Florida Not For Profit 6 | Corporation adopts | the followin |
| A. If amending name, enter the new name of th | e corporation: | | |
| | | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the num | | abbreviation "Corp | p." or "Inc." |
| B. Enter new principal office address, if applicate the principal office address MUST BE A STREET A | | | |
| Trincipal office address prost be A Strager A | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | <u>.</u> |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or regi | stered office address in Florida, enter th | e name of the | |
| new registered agent and/or the new register | | | |
| Name of New Registered Agent: | Grant Johnson | | |
| <u>Name of New Registered Agent</u> . | 22/2 CW 1204 W | | |
| | 3263 SW 138th Way | | |
| New Registered Office Address: | (Florida stree | (address) | |
| | Davie | 333 | 30 |
| | | , Florida (Zip Code) | |
| | (City) | (zip Coae) | , |
| New Registered Agent's Signature, if changing | Registered Agenta | | |
| hereby accept the appointment as registered ager | nt. I am familial with and accept the oblig | ations of the position | on, |
| - | Signature of New Registered Age | nt, if changing | |
| | |) | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally Sr | nes | |
|---|--|--|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | <u>ST</u> | Robert Serge | 424 Willow Lane Melbourne FL 32935 |
| X Remove | | | |
| 2) Change Add | ST | Ryan Wright | 8846 S Redwood Road C212 West Jordan, UT 84088 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| E. If amending or addin (attach additional shee | | icles, enter change(s) here: (Be specific) | |
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| | May | y 4, 2024 | | | Makanahan di s |
| The date of each amendment | (s) adoption: | | | | , if other than the |
| date this document was signed | | | | | |
| Effective date <u>if applicable</u> : | June 1 2024 | | | | |
| | (no mo | re than 90 days aft | er amendment fil | e date) | |
| | | | | | 201 - 11 - 12 - 3 |
| Note: If the date inserted in th | us block does not n | neet the applicable | statutory filing re | quirements, this date | will not be listed as the |
| document's effective date on the | ne Department of S | itate's records. | | | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| Dated | 5/27/2024 |
|----------|--|
| Signatui | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | Grant Johnson |
| | |

(Title of person signing)