2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 20, 2006
Secretary of State

DOCUMENT# L00000003654

Entity Name: RIYENCA, LLC

Current Principal Place of Business:

5001 SW 74TH COURTH
STE 202
MIAMI, FL 33155

New Principal Place of Business:

267 MINORCE AVE.
STE 200
CORAL GABLES, FL 33134

Current Mailing Address:

5001 SW 74TH COURT
STE 202
MIAMI, FL 33155

New Mailing Address:

267 MINORCA AVE.
STE 200
CORAL GABLES, FL 33134

FEI Number: 65-0996112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LA OSA, CARLOS M P.A.
5001 SW 74TH COURT
STE 202
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

DE LA OSA, CARLOS M P.A.
267 MINORCA AVE.
STE 200
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARLOS DE LA OSA 09/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FEAL ESPINOZA, ISIDORO
Address: 5001 SW 74TH COURT, STE 202
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FEAL ESPINOZA, ISIDORO
Address: 267 MINORCA AVE., STE 200
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISIDORO FEAL ESPINOZA MGR 09/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date