(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
AUG 13 2008				
EXAMINER				

Office Use Only

200134139742

08/11/08--01010--002 **25.00

COVER LETTER

TO: Registration S Division of Co			
suвjест: Ria Ge	elato LLC (Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffre R Jeansonne	(Name of Person)	ZECKETARY TALLAHASSI
	Ria Gelato LLC 665 Mallard Dr	(Firm/Company)	TARY DE STATE ASSEEL FLORIDA
For further information of	Delray Beach, FL 33444	(Address) (City/State and Zip Code) all:	
Jeffre Jeansonne		at (561) 667-1552	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t ✓ \$25.00 Filing Fee	the following amount: □\$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)
MAYI	INC ADDDESS.	STREET/COURIER	ANNDESS.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our rimited Liability Company)	records.)
ompany were filed on 06/18/2008	and assigned
ed liability company here:	
s "Limited Liability Company," the de	esignation "LLC" or the abbreviation
***	700 S TAIL
ESS)	
•	TARK OF D
red office address on our recor ess here:	ds, enter the name of the new
(Enter Florid	da street address)
·	•
(City)	Florida(Zip Code)
	ed liability company here: s "Limited Liability Company," the description of the descrip

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eva Jeansonne	665 Mallard Dr Delray Beach, FL 33444	Add Remove
<u>President</u>	Jeffre Jeansonne	665 Mallard Dr Delray Beach., FL 33444	Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			AddRemove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessaline. My EIN number is 26-3109946	BANG II PO
·			<u> </u>
Dated <u>Augu</u>	Signature of a me	mber or authorized representative of a member	
	Jeffre Jeahsohne	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00