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COVER LETTER •

Division of C	orporations			
cup icat.	RIA INTERNATIONAL L	LC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles o	of Amendment and fee(s) are subr	nitted for filing.		
Please return all corres	pondence concerning this matter t	o the following:		
	ABRAHAM	E. REYES		
		Name of Person		
	RIA II	NTERNATIONAL LLC		
		Firm/Company		
	819	00 SW 78 STREET		
		Address		
	M	MIAMI, FL 33143		
		City/State and Zip Code		
	areyes@sohe.us			
	E-mail address: (t	o be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	11:		
ABRA	HAM E. REYES	305 431-8	3585	
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 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)	
MAI	LINC ADDRESS.	STDEET/COUDIE	CD ANNDESS.	

MAILING ADDRESS:

TO:

Registration Section

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

RIA	A INTERNATIONAL LLC	
(Name of the Limited Li (A F	ability Company as it now appears on our red lorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on	and assigned
This amendment is submitted to amend the followin	g:	SECO TI
A. If amending name, enter the new name of the	limited liability company here:	M29
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "	LLC" or the abbreviation "L. C."
Enter new principal offices address, if applicable	<u> </u>) S S
(Principal office address MUST BE A STREET Al	DDRESS)	my here: "the designation "LLC" or the abbreviation "L.C." ss on our records, enter the name of the new er Florida street address
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If arrending the registered agent and (a)		
registered agent and/or the new registered office		ords, enter the name of the m
Name of New Registered Agent:		
New Registered Office Address:	Esta Flat I at an a	
	Enter Florida street aa	aaress
-	City	, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JANET VILLOCH	8190 SW 78 STREET	Add
		MIAMI, FL 33143	⊠ Remove
			☐ Change
MGR	ABRAHAM E. REYES	8190 SW 78 STREET	Ď Add
		MIAMI, FL 33143	□ Remove
			☐ Change
			Add
			The emove
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an ef ote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
	JUNE 25,
ated	
ated	
ated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00