

L10000007528

(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:

L. SELLERS

FEB 11 2010

EXAMINER

Office Use Only



000168314480

02/10/10--01026--001 **25.00

FILED
10 FEB 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NELSON SLOSBERGAS, P.A.

1110 BRICKELL AVENUE

SUITE 310

MIAMI, FLORIDA 33131

E-MAIL ADDRESS nelson@miami-intl-law.com

WEB PAGE www.miami-intl-law.com

NELSON SLOSBERGAS
ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030
FAX (305) 374-2858

February 8, 2010

Secretary of State
Registration Section/Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: RIO FORMOSO INVESTMENTS, LLC

Dear Sir or Madam:

Please find attached the Limited Liability Company Articles of Amendment to Articles of Organization of Rio Formoso Investments, LLC, and check for the filing fee in the amount of \$25.00.

Once the amendment has been filed, kindly the return the letter of acknowledgment in the attached *federal express envelope*.

Thank you for your attention to this matter.

Very truly yours,



Luisa Binder

Corporate Legal Assistant

[Direct E-Mail: luisa@miami-intl-law.com]

Enclosures (as noted)

Via Federal Express

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

RIO FORMOSO, 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 January 20th 2010 and assigned
Florida document number L10000007528.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIO FORMOSO INVESTMENTS, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

FILED
10 FEB 0 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 29th

2010

Signature of a member or authorized representative of a member

MARCELO TAVARES DE MELO, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 10 PM 3:10

FILED