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EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	R. Riba	s Electric LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Dahada Dibaa	
		Roberto Ribas Name of Person	<u> </u>
	<u> </u>	Firm/Company	<del></del>
		10040 SW 197th ST.	
		Address	-
		Miami FL 33157	
		City/State and Zip Code	
	fishi	ngribas55@yahoo.com to be used for future annual report notifica	tion)
Paris Carda and La Caraca Albara		•	nony
For further information co	oncerning this matter, please o	can:	
Ro	berto Ribas	at (_305_)72	26-8621
Name of	Person	Area Code & Daytime T	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

R	. Ribas Electric LLC		<b></b> ≥
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appeared Limited Liability Company)	ars on our records.)	SION O AUG
The Articles of Organization for this Limited Liabi	lity Company were filed on	07/22/2010	and assigned R
Florida document number L1000007701	8		OF S
This amendment is submitted to amend the followi	ng:		Y OF STATE CORPORATIONS AM II: 28
A. If amending name, enter the new name of the	e limited liability company he	e <u>re</u> :	22
	R. Ribas LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	X)		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter (	he name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	E	nter Florida street ada	ress
_		, Florida	
	Citv		Zin Code

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

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

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
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· <u> </u>			Add Remove
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			Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessa	SECRETARY OF STATE DIVISION OF CORPORATIONS 10 AUG 12 AM 11: 25
 Dated	August 02	2010 .  I a member or authorized representative of a member	XS
		Roberto Ribas Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00