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COVER LETTER

Divi	ision of Corpo	orations		
SUBJECT:	RIO TRANS	PORTATION LLC		
			d Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	dence concerning this matter to	the following:	
		ALEXANDRE DA ROCHA		
			Name of Person	
		RIO TRANSPORTATION I	LLC	
			Firm/Company	
		2121 S HIAWASSEE RD		
			Address	
		ORLANDO FL 32835		
			City/State and Zip Code	
		RIO.TAXI@HOTMAIL.COM		
		E-mail address: (to	be used for future annual report notification	on)
For further in	oformation cor	cerning this matter, please call	:	
ALEXANDI	RE DA ROCH	(A	857 2943404 at ()	
	Name of I	Person	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$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)

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

RIO TRANSPORTATION LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on 07/18/2011	and assigned
Florida document number L11000082238	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADD	RESS)	191
		, je
Enter new mailing address, if applicable:		22 E M
Mailing address MAY BE A POST OFFICE BOX)		- R 0
making multiss mill be it tool of the box		Z: :
		Om W
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
·		_, Florida
	City	Zip 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 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 umending 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	SARAI GARCIA GARCIA	4304 S KIRKMAN RD APT 113	■ Add
		ORLANDO FL 32811	□ Remove
			☐ Change
			□ Add
			☐ Remove
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Filing Fee: \$25.00