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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RIO EXPRESS LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Please return all correspondence concerning this matter to the following: Fabrare Orango Name of Person RIO Express LLC Firm/Company	A STATE OF THE PARTY OF THE PAR
7601 E. TREASUNE DN. Suite 1806	
Mianu, FL 33141 City/State and Zip Code RIOEXPRESSS @ GMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fabiare Orayo at (305) 764-6090 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \t	
MAILING ADDRESS	

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

RIO ES	cpress	LLC			
(Name of the Limited L (A F	iability Company as it no Porida Limited Liability C	ow appears on our reco	ords.)		
The Articles of Organization for this Limited Liab	bility Company were file	ed on <u>3/08/1</u>	and assigned.		
Florida document number L 120000	<u>) 33</u> 663				
This amendment is submitted to amend the follow	_		8		
A. If amending name, enter the new name of t		pany here:	***		
KIO EXPR	iess Ll	<i>-</i> C			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	- · · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	0X)				
B. If amending the registered agent and/or		ress on our records,	enter the name of the new		
registered agent and/or the new registered office	ce address here:				
Name of New Registered Agent:		,			
New Registered Office Address:					
		Enter Florida si	treet address		
	. Florida				
	City	, FRC	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 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title Address Name MGRM FABIANE ARAUJO 7601 E. TREASURE DA. Add # 1806 Rem Remove MGRM MAYKEL G. CABETAS 6960 NW 186th St. MIAMI, FL 33015

MGR MAYKEL G. CABETAS 6960 NW 186th ST Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove MayKel owner uld appear as Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00