112000033663

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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: RIO EXPUSS 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:
Falorane Arayo Name of Person
RIO EXPRESS LLC
7601 E. Treasure Dr. #1806
N. Bay Village, FL 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fablane Anaujo Name of Person Area Code & Daytime Telephone Number Manager Code & Da
Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc
\$25.00 Filing Fee \$30.00 Filing Fee & \$25.00 F

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

Rio Express	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1Z000033663</u>	by were filed on $\frac{3/08/2012}{2012}$ and assigned $\frac{3}{2012}$
This amendment is submitted to amend the following:	HASS 23
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the designation "Lorror the abbreviation
Enter new principal offices address, if applicable:	385 N.E. 82 TERRACE MIAMI, FL 33138
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33/38
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RIO Express P.O. BOX 416156 MIAMI Beach, FL 33141-8156
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nevere</u> :
Name of New Registered Agent:	
New Registered Office Address: 385 /	V.E. 82 nd Tevrace Enter Florida street address
Mia	mi , Florida 33138
New Registered Agent's Signature, if changing Registered Agen	City Zip Code

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Maykel Cabezas 6960 NW 186th st. MGR Apt. 530-A MIAMU, FL 33015 Remove GARDENIA ARAUJO 385 N.E. 82nd TERRACE XAdd MGR MIANI, FL 33138 Remove Remove Remove

If amen	ding any of	ther information, e	nter change(s) her	e: (Attach additional	sheets, if necessary.)
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		Signature	of a member or autho	rized representative of	a member
			Typed or printe	d name of signee	

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Filing Fee: \$25.00

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TALLAHASSEE, FLORID.