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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 24 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rio CoLorso ILC. 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:
Name of Person
Name of Person
Rio Colorson UC.
Firm/Company
1175 NE KLAMI GARDENS De #506
MAMI G. 33179
MAMI fl. 33179 City/State and Zip Code POLLONALMAN & WOTTHAL. (2) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 186 262 4397 Area Code & Daytime Telephone Number 22
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (cadditional 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

RIO COLORSON	0110		
(Name of the Limited Liability Com		s on our records.)	
The Articles of Organization for this Limited Liability Comparing the Liabilit	• •	03/15/12 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)		SEC SEC	
		72 6	
		S. 23	
Enter new mailing address, if applicable:		निव 🔻 🛅	
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, enter the name of the new	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
	, 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 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** Name Address **Type of Action** FERNANDEZ, ROBERTOJ 1175 NE MANI GALDES DE ATOG Add MIGHT 18 3317P. Remi Remove GIVENEZ, LARIOS J MANI RE 39119 GENERS DE ATCOM Add HGRM SETILLEN LOURS H 916827 ROMERO CANIZALEZ, ERICHA. PROUVIDENZA PATMICIA P noen D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		<u></u>
		3 10 E
Dated	OCT 18, 2012.	TATE DRIDA
	V) lay Nour	.–
	Signature of a member anthorized representative of a member	
	DEPHEN B NAIDAN.	
	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

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 Name Title **Address Type of Action** LILIAND COLDERON Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCT 18 Dated Signature of a member or authorized/representative of a member DEMIN G NAINON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00