

L12000091106

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DEC 11 2015  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 906003 4371937

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 55.00

ORDER DATE : December 10, 2015

ORDER TIME : 9:35 AM

ORDER NO. : 906003-005

CUSTOMER NO: 4371937

DOMESTIC AMENDMENT FILING

NAME: RIO ACQUISITION PARTNERS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Rio Acquisition Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/12/2012 and assigned Florida document number L12000091106.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Xpress Retail LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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 amending 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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Xpress Retail Holding Coporation</u>	<u>550 South Dixie Highway, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Jon E. Elias</u>	<u>550 South Dixie Highway, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Troy D. Templeton</u>	<u>550 South Dixie Highway, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>David Gershman</u>	<u>550 South Dixie Highway, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

2015 SEC 10 ANNUAL REPORT  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 9, 2015

Handwritten signature of David Gershman

Signature of a member or authorized representative of a member

David Gershman, Authorized Person

Typed or printed name of signee

Vertical stamp: 2015 DEC 10 AM 10:42 FILED