L13000092755

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ALDF	RIABELLA, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	Brian L Fink		
	Name of Person		
	Catlin Saxon Fink Kolski, LLP		
	Firm/Company		
	2600 Douglas Road Ste 1003		
	Address		
	Coral Gables, FL 33134	2013 FALL	
	City/State and Zip Code	2013 JUL PALLAHA	F.
	E-mail address: (to be used for future annual report notification)	ကို မ	F
For further information co	oncerning this matter, please call:		T T
Jose E Alas	at (9000 3	^ڊ ين د ين
Name of	Person Area Code & Daytime Telephone Number	r	

Enclosed is a check for the following amount:

■ \$25.00 Filing 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:

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

	RIABELLA, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability		
Florida document number L13000092755	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	**
		系。28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		77 (38
B. If amending the registered agent and/or reg		, enter the name of the nev
registered agent and/or the new registered office a	<u>adress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Table 1 and the second	
	Enter Florida s	treet address
	· · · · · · · · · · · · · · · · · · ·	orida
	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 Changing Registered Agent, Signature of New Registered Agent

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

Title Name Address Type of Action

<u>11tie</u>	Name	Address	ype of Action
MGR	Carlos Excudero	C/O BL FINK, 2600 DOUGLAS RD., STE 1003	Add
		CORAL GABLES, FLORIDA 33134	Remove
			-
MGR	Carlos Escudero	C/O BL FINK, 2600 DOUGLAS RD., STE 1003	Add
		CORAL GABLES, FLORIDA 33134	Remove
			-
			_ L Add
		A Para A	Remove
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		in a	Add
		Constant	Remove
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			Add
		· 	Remove

July 29	2013 /	
d odly 20	B-15-16	
	signature of a member or authorized representative of a me	mber
 	BRIAN L FINK Typed or printed name of signee	
	Page 3 of 3	Fan E
	Filing Fee: \$25.00	ALLAHASS

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