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## **COVER LETTER**

TO:	Registrati Division o	f Corpora	ations	]   					
CHRII	cor.	Rios	Wise	lath	, Z.L	("			
301301	.c <u>.</u>	<u> </u>	Nam	e of Limited	i Liability C	ompany			
The en	closed Articl	les of Ame	endment and fee(s)	are submi	tted for fili	ng.			
Please	return all cor	rresponder	nce concerning this	matter to	the followi	ng:			
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	Francis	510	J Rios	<u> </u>	at (_ <b>_7</b>	786)	7203	734 Telephone Number	
	N.	ame of Pen	son		Are	a Code	Daytime	Telephone Number	
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	R D P.	egistratior ivision of .O. Box 63	Corporations			Registra Divisior Clifton I 2661 Ex	tion Section of Corpora	tions tter Circle	

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

Rios W	ire Lath	LLC				
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appe bility Company	ars on our reco	ords.)		
The Articles of Organization for this Limited 1.	Liability Company w	ere filed on _	12/15	12015	and assig	ned
Florida document number <u>L150002</u>			, ,			
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name of	of the limited liabilit	y company	here:			
The new name must be distinguishable and contain the	words "Limited Liphility	Company " the	designation "L	I ("" or the arthresi	iatron (1 1 1	<u> </u>
	·	company, an	. acsignation - E		C.E.	· .
Enter new principal offices address, if appli	icable:			<u> </u>	<del>- 3</del>	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)			S	<del>2</del> <del>5</del> <del>5</del>	<u></u>
				<u> </u>	-	\'\\
				FĽO	ω <b>Έ</b> Σ <b>φ</b>	_
Enter new mailing address, if applicable:				RIO	<u> </u>	
Mailing uddress MAY BE A POST OFFICE	E BOX)			, <del>p.</del>	~	
	•					
B. If amending the registered agent and registered agent and/or the new registered of		ce address o	on our recor	rds, <u>enter</u> the	name of	the n
1						
Name of New Registered Agent:						
		·				
New Registered Office Address:	-	Enter F	lorida street add.	nes .		
ļ,		23.				
		City		Florida	lip Code	
	Dogistared Agents			7.	ayr Court	
New Registered Agent's Signature, it changing	ivegistered 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 or removed t	Authorized Person(s) author <mark>ized to (</mark> From our records:	manage, enter the title, name, and address of each person being added
MGR = M; AMBR = At	anager athorized Member	
<u>Title</u>	Name	Address Type of Action
AHBR	Pafael A Noñez	3200 w 14 Lane Hialeah XAdd
		Remove
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		Add
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		Remove
		Change
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D, If amending any other information, e	 nter change(s) here: (Attach additional sheets, if necessary.)	
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	es not meet the applicable statutory filing requirements, this date will not be list	
If the record specifies a delayed effection (b) The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earli filed.	er of:
Dated 09 / 06	Tout Sul	
Signate	re of a member or authorized representative of a member	
F	ronuisce. I Rios	
	Typed or printed name of signee	

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