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## **COVER LETTER**

	stration Se sion of Cor			
		E LATH LLC		
SUBJECT: _		Name of Lin	ited Liability Company	
The enclosed:	articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	indence concerning this matter	to the following:	
		FRANCISCO RIOS MAR	IN	
			Name of Person	
		RIOS WIRE LATH LLC		•• }
			Firm/Company	
		5780 NW 3 STREET		· Pr
			Address	
		MIAMI FLORIDA 33126		2 77 2: 00
			City/State and Zip Code	
		yubelkasolano@gmail.com		
			to be used for future annual report no	tification)
For further info	ormation c	oncorning this matter, please c	all:	
FRANCISCO	FRIOS		786 720-3734	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a c	heck for th	se following amount.		
■ \$25,90 Fil	ing 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)
	ng Addres stration S		Street Address: Registration S	ection
' Divis	sion of C	orporations	Division of Co	orporations
	Box 632	7 FL 32314	The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIOS WIE LATH LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our rec Lie bility Company)	ords.)	<u></u>
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.15000208470}{1.15000208470}$ .	evere filed on 12/15/2015		and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
RIOS STUCCO & LATH ELC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:	5780 NW 3 STREET		•
Principal office address MUST BE A STREET ADDRESS)	MIAMUFL 33126		•
nter new mailing address, if applicable:	5780 NW 3 STREET	- ; ; _	Ö
Mailing audress MAY BE A POST OFFICE BOX)	MIAMI FL 33126	f i	06
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ada	tress	
		Florida _	
	T in:	rioriua	Zin Code

New Registered Agent's Signature, it 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

N	IGR = Manager		
	MBR = Authorized Member		

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must boote: If the date inserted in this bloc	ck does not meet the applic	able statutory t			
ocument's effective date on the Dep	partment of State's records	,			
record specifies a delayed effective of is filed.	date, but not an effective to	ime, at 12:01 a.	m, on the earlier	of: (b) The 90	th day after the
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