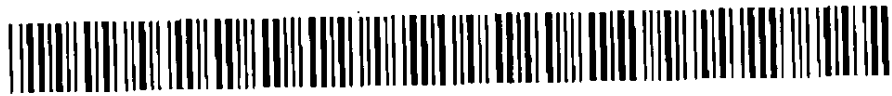


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

1600004117

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000172050 3)))



H170001720503ABCX

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BUSINESS CHOICE, INC.
 Account Number : 1200100000004
 Phone : (954)782-1829
 Fax Number : (954)697-0245

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIOLIMA RE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

D SCOTT
 JUN 30 2017

**TO
ARTICLES OF ORGANIZATION
OF**

RIOLIMA RE INVESTMENTS, 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 03/31/2016 and assigned
Florida document number L16000064117

This amendment is submitted to amend the following:

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

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

City

, Florida

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIFRANCAM, LLC.	16192 COASTAL HWY	<input type="checkbox"/> Add
		LEWES, DE 19958	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REAL GIRO INVESTMENTS, LL	3680 SW 166 AVE	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GILBERTO L. MATTOS	3680 SW 166 AVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEIDICY MOREIRA MATTOS	3680 SW 166 AVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Filing Fee: \$25.00