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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Linky Numb) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Corporations |
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| SUBJECT: Ricein Class, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Roberto Cortes Name of Person |
| Ride in class, LLC |
| 1548 Brickell Avenue |
| Miami Ft 33129 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Roberto Cortes at (305) 856 2525 Ext. III Name of Person Area Code Daytime Telephone Number: 10 |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

| (Name of the Limited | class, LLC |
|---|--|
| (7) | Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liab | pility Company were filed on 8 11 6 and assigned |
| This amendment is submitted to amend the follow | ving: |
| A. If amending name, enter the new name of the | he limited liability company here: |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | OX) |
| | registered office address on our records, enter the name of the note address here: |
| registered agent and/or the new registered offic | ce address here: |
| registered agent and/or the new registered office Name of New Registered Agent: | |
| registered agent and/or the new registered office Name of New Registered Agent: | Enter Florida street address Florida City Zip Code |

If Changing Registered Agent, Signature of New Registered Agent

| If amending Authorized Person(s) authorized to manage, | enter the | title, name, | and address | s of each | person | being added |
|--|-----------|--------------|-------------|-----------|--------|-------------|
| or removed from our records: | | | | | | |

| MGR = Mai AMBR = Aut | nager horized Member | | |
|-------------------------|-------------------------|---------------------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Jose Alarcon | 1548 Brickell Ave | |
| | | Miami FL 33129 | Remove |
| | | | Change |
| M6R | Henberto Fraguela | _1548 Brickell Ave | X Add |
| | | Miami, FC 33129 | □ Remove |
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| ective da | te, if other 1 | than the da | te of filin | e: | | | | | (opt | ional) |) | |
| effective d | late is listed, the | e date must be | specific and | l canno | t be prior t | | | re than 90 | days afte | er tiling | g.) Pursua | |
| ument's e | ffective date | on the Depa | rtment of S | state's | records. | | | | | | | |
| record s | pecifies a | delayed e | ffective o | late, | but not | an effe | ective tii | ne, at 1 | 12:01 | a.m. | on th | e earliei |
| | day after | | | | | | | · | | | | |
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Page 3 of 3

Filing Fee: \$25.00