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COVER LETTER

TO:	Registration Se Division of Cor							
21104	ARIA 810,							
Subj	ECT:	Name of Lim	ited Liability Company					
		Amendment and fee(s) are sub	_					
ricase	retuin an correspo	Dorcas Troche	to the following.					
			Name of Person					
	RCG Accounting & Associates, Inc.							
	Firm/Company							
	9000 Sheridan Street, Suite 138							
	Address							
		Pembroke Pines, FL 33	024					
		dtroche@bellsouth.net	City/State and Zip Code					
			to be used for future annual report notif	ication)				
For fu	ither information c	oncerning this matter, please c	all:					
Dorcas Troche 954 862-2222 Name of Person Area Code Daytime Telephone Number								
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	ne following amount:						
a si	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

ARIA 810, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>i.</u> }	
ne Articles of Organization for this Limited Liability Company orida document number <u>L17000244033</u> .	were filed on 11/28/2017		and assigned
is amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lial	oility company here:		
RIA 802, LLC			
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbrev	riation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u>: </u>	20
		2 - 2≱	
		<u> </u>	7. —
nter new mailing address, if applicable:			
Tailing address MAY BE A POST OFFICE BOX)		7,5	P
		9.5	
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. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		, <u>enter the</u>	name of the
Name of New Registered Agent:			
New Registered Office Address:	D C() ()		
	Enter Florida street address	i	
		rida	
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	uthorized Member	Natalanan	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
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ffective date, if other than t an effective date is listed, the date r fote: If the date inserted in this ocument's effective date on the	nust be specific and can block does not meet	not be prior to date of the applicable sta	of filing or more than 9 tutory filing require	0 days after fili	ng.) Pursu	ant to 605.02 of be listed
e record specifies a delay The 90th day after the r		e, but not an e	ffective time, at	12:01 a.m	ı. on th	ie earlier

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00