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COVER LETTER

	Registration Se Division of Cor						
elib irc	negr.	AO RIO LLC					
SUBJEC	,l: <u> </u>		ited Liability Company				
The encle	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		NILTON FREGNI					
		·	Name of Person				
		EXPAT CONSULTING C	CORP				
			Firm/Company				
		8615 COMMODITY CIRC	CLE, SUITE 11				
			Address				
		ORLANDO, FLORIDA -	32819				
		ACC@EXPATCONSULTI	City/State and Zip Code NG.COM	, _ .			
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information co	oncerning this matter, please co	all:				
NILTON	FREGNI		407 745 1112				
Name of Person			at () Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for th	e following amount:					
\$25.0	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)			
	Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 33	on orations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA CIAO RIO LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	ir records.)	
he Articles of Organization for this Limited I	Liability Company	were filed on 10/03/201	18	and assigned
lorida document number 1.18000234533	, ,	·		g
onda document hamber	<u> </u>			
is amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liab	oility company here:		
7				
ne new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if appli				~~
Principal office address MUST BE A STREET ADDRESS)				
				Manual T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8615 COMMODITY O	·	H - [
		ORLANDO, FLORID	A - 32819	
				<u> </u>
. If amending the registered agent and			records, enter	the name of th
gistered agent and/or the new registered o	office address her	<u>'e</u> :		
	EVDATE COME	SULTING CORP		
Name of New Registered Agent:	EXPAICONS	OULTING CORP		
New Registered Office Address:	8615 COMMO	DITY CIRCLE, SUITE 1	. 1	
		Enter Florida stre	et address	
	ORLANDO		, Florida <u></u>	2819
		Ciţy		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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

AMBR JULIA DE ALMEIDA REGO 7665 RECIFE DRIVE KISSIMMEE, FL 34747 AMBR MURILLO DE ALMEIDA REGO 7665 RECIFE DRIVE KISSIMMEE, FL 34747 Add Remove Change Change Add Remove Change Add Remove Add Remove Add Remove Add Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
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