Florida Department of States (108) Division of Copporations Electronic Fining Cover Sheet

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To:

Division of Corporations

Fax Number t (850)617-6383

From

Account Name : RIVERCS CORP.
Account Number : 720190000048
Phone : (305)507-8464
Fax Number : (786)516-2205

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POLIUSA INVESTMENT LLC

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COVER LETTER

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SUBJECT	POLIUSA I	INVESTMENT LLC		
o bo bo	·	Name of Lim	ited Liability Company	
The enclos	red Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please retu	ım all correspo	andence concerning this matter	to the following:	
		Psola A Rodriguez		
			Name of Person	-
			Firm/Company	
		175 SW 7th Street STE 19	06	
			Address	
		Miemi/FI 33130		
		germanrojas01@yahoo.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further	r information c	oncerning this matter, please c	al):	
Paola A R	odriguez		786 2103705	
	Name n	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.0 0	0 Filing Fee	S30,00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor		
	O. Box 632	-	The Centre of T	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLIUSA INVESTMENT 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 10/18/2018 and assigned Florida document number L18000248608 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 "LLC." 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:

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.

Enter Florida street address

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

Title	Name	Address	Type of Action
MGR	Daniel Ospina	175 SW 7th Street, Suite 1906	_
		Miami/FL 33130	-
			□Change
MGR Roja	Rojas De Rodriguez, Luz M	175 SW 7th Street, Suite 1906	
		Miami/FL 33130	■ Remove
			□Change
			DAdd
		-	□ Remove
			Change
			□Add
			□Remove
			OChange
			□Add
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			DAdd
			□Remove
			□Change

Amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan offi Note:	ve date, if other than the date of filling:
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	May 20 , 2022 .
	Signature of a member or authorized representative of a member
	Paola A Rodriguez
	Typed or printed name of signed

. . . .