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JUN 24 2019

COVER LETTER

TO: Registration Se Division of Co					
	OO RIERA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresponder	ondence concerning this matter	to the following:			
	RIERA, LEONARDO				
		Name of Person			
	LEONARDO RIERA LLC				
		Firm/Company		~ `	
	1552 NE 8TH ST # 205		<u> 52</u>) (((((((((((((((((((
		Address		₩ E	
	HOMESTEAD, FL 33033			10	
	CANDAEXPENSES@GM	City/State and Zip Code AIL.COM	- 02 - 02	2019 JUN 10 PM 5:	::) ⁻
	E-mail address: (to be used for future annual report notif	ication)	0.1	
For further information	concerning this matter, please co	all:			
ANTONIO COA		561 8144558 at ()			
Name	of Person		: Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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 Statu Certified Copy (additional copy is enc		
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEONARDO RIERA 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 $\stackrel{\mathsf{APRIL}}{=} 30,2019$ and assigned Florida document number L19000116700 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

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.

Cin

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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MGR			B Add
		HOMESTEAD, FL 33033	
			□ Remove
			☐ Change
MCD	ANTONIO COA	1552 NE 8TH ST # 205	
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a							
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ffective date, if other than the date of filing:	ated						

Typed or printed name of signee

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