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COVER LETTER

	istration Sc ision of Cor			•		
CUD IFCT.	RIO GARA	GE PARTNERS LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JAMES CICARDO				
		-	Name of Person		-	
		RIO GARAGE PARTNER	RS LCC			
			Firm/Company		-	
		2562 SE TIFFANY AVE				
			Address		-	
		PORT ST LUCIE FL 3495	32		1022 OF SECR	6.344
			City/State and Zip Code		ETA LY	
		SCICARDO@GMAIL.CO			野	ę.
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification	1)	Y OF S	
JAMES CIC			561 305-8022		2: 03 TATI	
		f Person	at () Area Code Daytime Telep	de a ser a Normale de		
	Name o	rerson	Area Code Daytime Telef	mone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
	iling Addres		Street Address: Registration Section			
Div	zision of C	orporations	Division of Corporat			
), Box 632 Jahassee J		The Centre of Tallah		810	
1 (1)	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIO GARAGE PARTNERS LLC	
(Name of the Limited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/23a}{12}$.	2019 and assigned
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 design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2072 SEC
(Principal office address MUST BE A STREET ADDRESS)	ACRET S
	<u> </u>
Enter new mailing address, if applicable:	OF SSE
(Mailing address MAY BE A POST OFFICE BOX)	2: 03
	tri 😙
B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new registered
agent anaryt the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
	971 * 4

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	MOONEY,LAURA	1531 SW FLINTLOCK RD	
		PORT ST LUCIE FL 34952	≣Remove
			□Change
			□Add
			Remove
			Change
			GAdd SECRET TALL
			RTARY OF STATE
			□Remove
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ffective date, if other than the	10/13/20	22		optional)		
an effective date is listed, the date mus	st be specific and cannot be pr		or more than 90 day	after filing.) Pur		
(ote: If the date inserted in this blocument's effective date on the December 1.			tiling requirement	s, mis date will	not be	nsted a
record specifies a delayed effectiv Lis filed.	e date, but not an effective	e time, at 12:01 :	a.m. on the earlier	of: (b) The 90	th đay a	ifter the
October 13th	2022					
ated	·	·				
_						
<i>[U</i>]	2/fr	_	tative of a member			

Filing Fee: \$25.00