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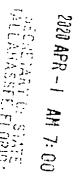
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	DE LOS RIOS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The avalaged totals of	Amoudment and foots) are sub	mitted for filips	
he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: HECTOR DE LOS RIOS			
Please return all correspo	ndence concerning this matter	to the following:	
	HECTOR DE LOS RIOS		
	HECTOR DE LOS RIOS Name of Person Firm/Company 17020 SW 92ND CT Address Palmetto Bay. FL 33157 City/State and Zip Code HECTOR@HRIREALTY.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: HECTOR DE LOS RIOS 305 965-6171		
		Firm/Company	
;	17020 SW 92ND CT		
		Address	
	Palmetto Bay, FL 33157		Code Innual report notification) 965-6171 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
		•	
	=	•	
For further information o	·	ŕ	nottrication)
HECTOR D	E LOS RIOS	at (
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address	
Registration S Division of C		-	
P.O. Box 632	-		of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HECTOR DE I	LOS RIOS LLC	2	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now app liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	Jan 16, 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company	here:	
HECTOR DE LOS R	IOS DE LA TO	ORRE LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2020
(Principal office address MUST BE A STREET ADDRESS)			22 2 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AM 7: 00
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Torida street address	
		, Florid	a
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in thi	is capacity. I furthe	r agree to comply with

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
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ective date, if other the effective date is listed, the te: If the date inserted in the effective date of the	date must be speci n this block does	fic and cannot be prior not meet the applic	able statutory fil	more than 90 days afte	ional) or filing.) Pursum is date will no	nt to 605.02 t be listed
cord specifies a delayed s filed.	effective date, b	ut not an effective t	ime, at 12:01 а.п	n. on the earlier of: (b) The 90th o	lay after th
ed		2020	•			
	Signature	e of a member or auth	orized representati	ve of a member	·	

Filing Fee: \$25.00