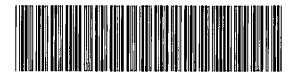
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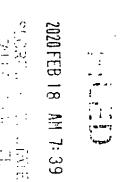
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(Requestor's	Name)
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COVER LETTER

Division of Cor	porations		
SUBJECT: RIOMAN	U 11C		
SUBJECT: KIOWAN		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Departme		
		Name of Person	
		FirmCompany	
	5605 Riggins Court	Suite 200 Address	
		ridates	
	Reпо, NV 89502	City/State and Zip Code	
	docs@incauthority.com	Chyronic and zap Code	
		to be used for future annual report notif	fication)
For further information e	oncerning this matter, please ca	all:	
Processing Departm	ent	at (800) 638-2320	
Name o	d Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	he 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 Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIOMA	NI, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000026811</u> .	were filed on 01/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "E.I.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	202
		2020 FEB
		8
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<u>.</u>	1 1 1 1
	· · ·	0.4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Cuy	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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Granada Wise	11565 Mizzon Dr Unit 821	Add
		Windermere, FL 34786	Remove
			Change
			☐ Remove
			Change
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			20 Primove
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Note: If the date in	other than the date of isted, the date must be spec- aserted in this block doe- we date on the Departme	s not meet the applic	to cate of fiting or more able statutory filing re	(optional) than 90 days after filing quirements, this date	a) Pursuant to 605	5.0207 (3)(b) ed as the
	fies a delayed effect after the record is		t an effective time	e, at 12:01 a.m.	on the earli	er of:
	11th	2020				
Dated February		 `	_			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee