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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464 Fax Number : (786)516-2206 **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 RILIMATO LLC Certificate of Status Certified Copy

04

\$25.00

Page Count Estimated Charge

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	ס גונכ		
5000001,	Name of Lin	nited 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:	
	RICARDO NATES		
	 -	Name of Person	
	RILIMATO LLC		
		Firm/Company	
	175 SW 7TH \$T STE 190	6	
		Address	
	MIAMI, FL 33130		
		City/State and Zip Code	
	ricurdo.nates1@gmail.com		
For further information c	E-mail address: (concerning this matter, please e	to be used for future annual report no alf:	Hilication)
RICARDO NATES		305 647 3000	
Name of Person		Area Code Daytin	me Telephone Number
Enclosed is a check for t	he following amount:		
S25,00 Filing Fee	S30.00 Filing Fee & Centificate of Status	555,00 Filing Fee & Certified Copy (additional copy is enclused)	S60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed)
Malling Addres		Sircet Address:	action.
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tallaliassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RILIMATULLO		···	
(A Florida Cimited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000240604</u> .	y were filed on 05/24/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ibbreviation "L.L.C."	
Enter new principal offices address, if applicable:	175 SW 7TH ST		
(Principal office address MUST BE A STREET ADDRESS)	STE 1906		
	MIAMI, FL 33130		
Enter new mailing address, if applicable:	STT 1004		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33130		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	ne of the new registered	
New Registered Office Address:	tored Office Address:		
The state of the s	Enter Floridu street address	F11	
	, Florida	Zip Crule	
New Registered Agent's Signature, if changing Registered Agent	_	PH 3:	
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familtar with and r, if this document is	

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
AMBR	NATES, RICARDO	175 SW 7TH ST	
		STE 1906	_
		MIAMI FL 33130	
AMBR	SAAVEDRA, LINA	175 SW 7TH ST	
		STE 1906	_
		MIAMI FL 33130	
~~~			
			□Remove
			□Change
<del></del> -			□Add
			□Remave
			□ C'hange
			□∧dd
			□Remove
			- Change
			DAdd
			□ Remove
			i76'h

If the record 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 record is filed.

annual servective date on the Department of State's records.

Dated March 9

2023

Signature of a number or pullphrised representative of a member of a member of a printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00

tive date, if other than the date of filing:	(optional)