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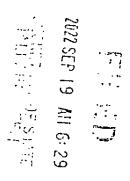
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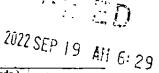


A. BUTLER
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COVER LETTER

TO:	Registration Se Division of Cor			
CHD IE	JD Rivero	- Miami, LLC		
SOPIE	UI; <u></u>		ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jose D Rivero Delgado		
			Name of Person	
		JD Rivero - Miami, LLC		
			Firm/Company	•
		5201 Blue Lagoon Drive, 8	th & 9th Floor, Suite 961	
			Address	
		Miami, Florida 33126	ami, Florida 33126	
			City/State and Zip Code	
		jose@jdrivero.com	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For furth	ner information co	oncerning this matter, please ca		meanon)
	Rivero Delgado	•	214 4625150	
		f Person	at (ne Telephone Number
Fnelosee	d is a check for th	ne following amount:		
	.00 Filing Fee	S30.00 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)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



JD Rivero - Miami, 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 02/01/2022 and assigned Florida document number L22000024464 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 "LLC." 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 _, Florida _ 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.

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>	Name	Address	Type of Action
MGR	JOSE D RIVERO DELGADO	5201 Blue Lagoon Drive, 8th & 9th Floor,	□Add
		Suite 961 Miami, Florida 33126	Remove
			□Change
MGR	SARO DI FRISCO DURANT	811 RAINER CT ALLEN TX, 75002	🗆 Add
			≣Remove
			□ Change
MGR	ENRIQUECER LA VIDA DE LAS PERSONAS, LLC	172 Center St., Ste. 202 Jackson, Wyoming 83001	≡ Add
			□Remove
			□Change
MGR	DFG LEGACY,LLC	172 Center St., Ste. 202Jackson, Wyoming 83001	■Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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Waati	ve date, if other than the date of filing: (optional)
an effe	ve date, if other than the date of filing:
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
ated	99/13
	Jose Rivero
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00