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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : USA GESTIONES, LLC

Account Number : I20230000016 Phone : (305)965-6948

Fax Number : (305)508-6375

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.j

Email Address: Empres @ USA Gestiones. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAMAFE GROUP USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF	3 H " 21
DAMAFE GROUP USA, LLC	2. The contract of the contrac
(Name of the Limited Liability Company as it now appears on our records.)	36
The Articles of Organization for this Limited Liability Company were filed on 03/02/2022	and assigned
Florida document number L22000108516 This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
THERIVER INVESTMENTS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
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 nagent and/or the new registered office address here:	ame of the new registere
Name of New Registered Agent:	·
New Registered Office Address:	
Enter Florida street address	
Charles .	

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 Coxle

Page: 4 of 5

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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AMBR = Authorized Member				
<u> Title</u>	Name	Address	Type of Action	
			⊏ Remove	
		**************************************	C'Change	
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			□Remove	
			□Change	

From: Luis Poyato Molina

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective d	ste, if other than the date of filing:
If an effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at effective date on the Department of State's records.
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e recora spec ed is filed.	tifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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20 N	ovember 2023
Dated	
	the state of the s
_	Land Leopa
	Signature of a member or authorized representative of a member
1	eonel Lechuga Marin
_	Typed or printed name of signee