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22 MAY 20 AM 8: 4.1

T. MATTHEWS JUL 20 2022

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TO:				
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SOBJEC	-1; <u> </u>	Name of Lin	nited Liability Company	***************************************
The enci	osed Articles o	of Amendment and fec(s) are sub-	omitted for filing.	
			-	
		VANESSA RUIZ ORTEC	iA	
Please return all correspondence concerning this matter to the following: VANESSA RUIZ ORTEGA Name of Person ALIMENTOS RIOS LLC Firm/Company 18117 BISCAYNE BLVD 3112 Address AVENTURA, FL 33160 City/State and Zip Code USTUEMPRESA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VANESSA RUIZ ORTEGA 786 340-0372				
	Name of Person ALIMENTOS RIOS LLC Firm/Company 18117 BISCAYNE BLVD 3112 Address AVENTURA, FL 33160 City/State and Zip Code USTUEMPRESA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
			Name of Limited Liability Company Indianal and fee(s) are submitted for filing. Indianal and Ferson Indianal and Ferson Indianal and Indianal a	
		18117 BISCAYNE BLVD	3112	
	Division of Corporations ALIMENTOS RIOS LLC Name of Limited Liability Company and Aliment and fee(s) are submitted for filing. sereturn all correspondence concerning this matter to the following: VANESSA RUIZ ORTEGA Name of Person ALIMENTOS RIOS LLC: Finu/Company ISTI7 BISCAYNE BLVD 3112 Address AVENTURA, FL 33160 City/State and Zip Code USTUEMPRESAG GMAIL COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: NESSA RUIZ ORTEGA Name of Person Area Code Daystine Telephone Number Losed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is caclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
VANESSA RUIZ ORTEGA Name of Person ALIMENTOS RIOS LLC Firm/Company 18117 BISCAYNE BLVD 3112 Address AVENTURA, FL 33160 City/State and Zip Code USTUEMPRESA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VANESSA RUIZ ORTEGA 786 340-0372				
			City/State and Zip Code	Address City/State and Zip Code OM e used for future annual report notification) 786 340-0372 at (Daytime Telephone Number Certified Copy (additional copy is enclosed) Street Address:
		E-mail address: (to be used for future annual report no	stification)
For furth	ier information	concerning this matter, please c	all:	
VANES	SA RUIZ ORT	EGA		
	Name	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for	the following amount:		
		S30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
				ection
	P.O. Box 63	27	The Centre of	Tallahassee
	Tallahassee.	. 1:1. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

22 MAY 20 AM 8: 41

ALIMENTOS RIOS 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 Li Florida document number <u>L22000188625</u>		were filed on $\frac{0.4/20}{}$	/2022 and assigned	d	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here	;		
NA					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:	19370 COLLINS /	AVE APT 1014		
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL 33160			
Enter new mailing address, if applicable:		19370 COLLINS A	AVE APT 1014		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES BI	EACH, FL 33160		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our reco	ords, <u>enter the name of the new reg</u>	<u>zistered</u>	
Name of New Registered Agent:	JOSE D SIRA	PINTO			
New Registered Office Address:	19370 COLLIN	SS AVE APT 1014			
	New Registered Office Address: 19370 COLLIN		Enter Florida street address		
	SUNNY ISLES	SBEACH	Florida 33160		
		City	Zip Code		
New Registered Agent's Signature, if changing I	Registered Agent:				

Thereby 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VANESSA RUIZ ORTEGA	18117 BISCAYNE BLVD. #3112	□Add
		AVENTURA, FL 33160	= Remove
			□ Change
MGR	JOSE D SIRA PINTO	19370 COLLINS AVE APT 1014	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
NA	NA	NA	□Add
			□Remove
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
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Effective date, if other than the date must be	be specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuant to 603	5.0207 (
Note: If the date inserted in this bloc		le statutory filing requir	ements, this date will not be list	led as t
	artificial of battle 5 records.			
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