## 22000191678

Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: RIO DREA	M BITES LLC				
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person			
	RS ACCOUNTING AND	TAX SERVICES INC			
		Firm/Company			
	10 FAIRWAY DRIVE ST				
		Address			
	DEERFIELD BEACH FL				
	info@servsilva.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
RODRIGO P SILVA		at (954 ) 623-7615			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne 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)		
Mailing Address:		Street Address:			
Registration Section		=	Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, F			oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RIO DREAM BITES LLC

2022 JUN -2 AM 8: 27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEUNCIARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Lia	ability Company	were filed on <u>04/21/202</u>	and assigned
Florida document number L22000191678			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liah	ility company here:	
NONE			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NONE	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		NONE	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reagent and/or the new registered office address	• /	address on our records,	enter the name of the new registered
Name of New Registered Agent:	NONE		
New Registered Office Address:			
New Registered Office Address.	<del></del>	Enter Florida stree	t address
			, Florida
		City	, Florida Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete stered agent as registered office	performance of my dui provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	LARISSA SANTOS ROCHA	3021 STATE ROAD 590 APT 527	□ Add
		CLEARWATER FL 33759	■Remove
			□Change
			□Add
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ective date, if other than the date of filing:	1	(optional)		
effective date is fisted, the date must be specific and cannot be prior to c te: If the date inserted in this block does not meet the applicable				
nument's effective date on the Department of State's records.	, , ,			
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) Th	ne 90th	day after
s filed.				•
ed MAY 26 . 2022				
Cityle footnoine	Ganer			
Gi Stle Fortoing to Signature of a member or authorize	ted representative of a m	ember		