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## **COVER LETTER**

TO: Registration Se Division of Cor				
	RIOLLO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSE RAFAEL DEL ROS	AL		
		Name of Person	<del></del>	
	GRUPO CRIOLLO LLC			
		Firm/Company		
4250 BISCAYNE BLVD, UNIT 1002				
		Address		
	MIAMI, FL 33137		Ů	
	DATA ESTE DOS ALGONIA	City/State and Ztp Code		
	RAFADELROSAL@GMA	IL.COM to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	•	; c	
JOSE RAFAEL DEL RO	OSAL.	954 6812257 at ( )		
Name c	r Person	Arca Code Daytii	ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration		<u>Street Address:</u> Registration S	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

The Articles of Organization for this Limited Liability Company were filed on APRIL 19TH, 2023 and assigned Florida document number L23000193702 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: ंत (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 City 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>	<u>Name</u>	Address	Type of Action
MGR	JOSE RAFAEL DEL ROSAL	4250 BISCAYNE BLVD, APT 1002 MIAMI FI	. 33137 <b>■</b> ■ Add
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MAY 1.		2023	·				
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Filing Fee: \$25.00