# L24 000 065 010

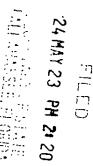
(Requestor's Name)
(12-1)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	31 RIO, LLC	ted Liability Company	<del></del>
	Name of Limit	ted Crability Company	
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Robert J. Slotkin		
		Name of Person	
	Law Office Slotkin		
		Firm/Company	
	633 S. Andrews Av		
		Address	
	Ft. Lauderdale, FL 33301		
		City/State and Zip Code	
	robslotkin@aol.com	to be used for future annual report notif	ication)
P. Carler in Communication of	oncerning this matter, please or		,
	oncerning this matter. preuse et	954 564-6999	
Robert Slotkin		at () Area Code Daytime	Tulunhone Number
Name o	f Person	Area Code Dayuna	retephone trainoci
Enclosed is a check for the	ne following amount:		
	☐ \$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	ss: Section	Street Address: Registration Se	ction
Registration Division of C		Division of Cor	porations
P.O. Box 633	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1131 KIQ, LLC,		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our reconcility Company)	ords.)
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
lorida document number [1.24000065010]		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		24 M
	<del>- 1</del>	HAY
nter new mailing address, if applicable:		7 7 F
		<b>₩</b>
Aailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered office	address on our manual anti-	ar the name of the Sau registe
ent and/or the new registered agent and/or registered office and/or the new registered office address here:	address on our records, em	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
The Hospital of the Thinked.	Enter Florida street add	ress
		Florida
	City	Zip Code

#### 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>	<u>Address</u>	Type of Action
MGR	YANG, LIV TANG	10141 LAKE VISTA COURT	
		PARKLAND, FL 33076	<b>≡</b> Remove
			□Change
MGR	YANG, LIV TAN	10141 LAKE VISTA COURT	<b>=</b> Add
		PARKLAND, FL 33076	□Remove
			☐ Change
			□Add
			Remove
		<del></del>	☐Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Signature of a member or authorized representative of a member Robert J. Slotkin Typed or printed name of signee

Filing Fee: \$25.00

# **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
SUBJECT: 117	31 RIO . LLC		
3063EC11	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Robert J. Slotkin		
		Name of Person	
	Law Office Slotkin		
		Firm/Company	
	633 S. Andrews Av		
		Address	
	Ft. Lauderdale, FL 33301		
		City/State and Zip Code	
	robslotkin@aol.com	to be used for future annual report no	tification)
For further information of	oncerning this matter, please co		and and an analysis of the second
Robert Slotkin		954 564-6999 at ()	
Name o	t' Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H31 RIO, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of da Limited Liability Company)	n our records.)
e Articles of Organization for this Limited Liability orida document number <u>L24000065010</u>	Company were filed on	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here	:
e new name must be distinguishable and contain the words "Li	mited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	RESS)	
	***	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)	<del> </del>	
		<del></del>
If amending the registered agent and/or registere	ed office address on our reco	rds, enter the name of the new register
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Cin	, Florida
w Registered Agent's Signature, if changing Register.	•	Zip Code
ereby accept the appointment as registered agent ovisions of all statutes relative to the proper and a cept the obligations of my position as registered a ing filed to merely reflect a change in the register mpany has been notified in writing of this change	t and agree to act in this cap complete performance of my agent as provided for in Cha ed office address, I hereby o	duties, and I am familiar with and pter 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	YANG, LIV TANG	10141 LAKE VISTA COURT	
		PARKLAND, FŁ 33076	■Remove
			□Change
MGR	YANG, LIV TAN	10141 LAKE VISTA COURT	■Add
		PARKLAND, FL 33076	□ Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			🗀 Change
<del></del>			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	May 13 2024
	Signature of a member or authorized representative of a member
	Robert J. Slotkin
	Typed or printed name of signee

Filing Fee: \$25.00