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who may concern:

Name: Jose A. Rios

Phone #: 305 877 1395

mail address: 13937 SW 150 cT

Miami FL 33196.

email: jose rios 02 18 @ gmail.com

You

COVER LETTER

; Fee, f Status & py y is enclosed)
f

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rio's Cargo LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
	pany were filed on $\frac{04/29/2024}{}$ and assigned	
Florida document number L24000198068		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
ose Rios LLC		
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13937 sw 150 ct Miami Florida 33196	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u> </u>	
	·· · · · · · · · · · · · · · · · · · ·	
Inter new mailing address, if applicable:	13937 sw 150 et Miami Florida 33196. 👙 👵 👝	
(Mailing address MAY BE A POST OFFICE BOX)	Mer co	
	المارية	
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3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new regi</u> s	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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>	Name	Address	Type of Action
		·	□Remove
			□Change
		□Add	
		· · · · · · · · · · · · · · · · · · ·	□Remove
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			□Add
			□Remove
		<u> </u>	□Change
			
			□Remove

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. Dated August 23 2024 Signature of a member or authorized representative of a member Tose A. Yrios.

Typed or printed name of signee