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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: RIATTO	MANAGEHEN	T CO.		
DOCUMENT NUMBER: _		134850			
The enclosed Articles of Ame	ndment and fee are sul	omitted for filing.			
Please return all corresponden	ice concerning this mat	ter to the following:			
	72	MINIA SJANG	2		
	Name of Contact Person				
Firm/ Company					
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E-	mail address: (to be us	ed for future annual report	notification)		
For further information conce	rning this matter, pleas	e call:			
Name of Contact Person at (239) 297 9117  Area Code & Daytime Telephone Number					
Name of Conta	act Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ad			Address		
Amendment Section		Amendment Section			
Division of Corporations  Division of Corporations  Division of Corporations  The Control of Tallahassan					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

TO HEAL ALEMENT OF FILETI

PIATTO MANAGE	MENT CO. L-EL
(Name of Corporation as currently	filed with the Florida Dept. of State)
P070001348J0	es. (20 € 7 1: <b>20</b>
	Corporation (if known): 1777
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
is Afficies of incorporation.	
A. If amending name, enter the new name of the corporation:	
N/6	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable:	M A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	414
). If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	H/S
Nume of then neglistrea rigen	
(Florida stre	
(Florida Sire	er daaress)
New Registered Office Address: P/h	, Florida
(1)	City) (Zip Code)
Nam Danistanad Amerika Cimpton if the main Danistanad Amerika	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
H 1v	
Signature of New Reg	gistered Agent, if changing
Check if applicable	
$\Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Romena Suarcz	11418 POYAL TEE CIRCLE
X Add			CHE COPAL FL 33991
Remove			
2) Change			
Add			
Remove Change	<u>-</u>		
Add			
Remove			
4) Change		<u>-</u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

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			tion or cancellation	n of issued shar	es.
an amendmen	t provides for an exc	hange, reclassifica	tion, or cancenation		
provisions for i	mplementing the amo	hange, reclassifica endment if not con	itained in the amer	dment itself:	
provisions for i	mplementing the ame icable, indicate N/A)	hange, reclassifica endment if not cor	itained in the amer	dment itself:	
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provisions for i	mplementing the ame icable, indicate N/A)	hange, reclassifica endment if not cor	itained in the amer	ndment itself:	

The date of each a date this document	mendment(s) adoption: レル	, if other than the
Effective date <u>if ap</u>	noticable: kfflv 10, 2021	
	(no more than 90 days after amendment file date)	
	nserted in this block does not meet the applicable statutory filing requirements, this can be determined as the Department of State's records.	late will not be listed as the
Adoption of Amen	dment(s) (CHECK ONE)	
The amendment( action was not re	(s) was/were adopted by the incorporators, or board of directors without shareholder ac equired.	tion and shareholder
	(s) was/were adopted by the shareholders. The number of votes cast for the amendmenders was/were sufficient for approval.	t(s)
	(s) was/were approved by the shareholders through voting groups. The following states ely provided for each voting group entitled to vote separately on the amendment(s):	nent
	per of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
D	Dated KIMI 10 2024	
S	ignature	
	(By a director, president or other officer - if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt
	CARMELITA ALMAZAN	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	

## 10 April 2024

Florida Department of State Attn: Amendment Section

To Whom It May Concern:

This is to certify that I am adding my daughter, Rowena Suarez to my company, Riatto Management Co.

I am designating her as the Vice President of the company. Attached is her ID for reference.

Below are my contact details for further inquiry:

Mobile number: 239 2979557

Mailing Address: 11418 Royal Tee Circle Cape Coral, FL 33991

Thank you

Carmelita Almazań Riatto Management Co

President