H82871

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u>.</u>		

Office Use Only



100336717681

11/19/19--01013--015 **35.00

2019 NOV 19 PH 12: 06

Amend Manue

DEC 17 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

1

ATION: Rivard Insurance A	Agency, Inc.			
	bmitted for filing.			
ondence concerning this ma	tter to the following:			
Martin Rivard				
	Name of Contact Person	n		
MOM Commit Daine	rimi Company			
7020 Campi Drive				
	Address			
Lake Worth, FL 33467				
	City/ State and Zip Cod	c		
10-1				
~	15.5.			
n-mail address: (to be us	sed for future annual report	notification)		
concerning this matter, pleas	se call:			
	561	de & Daytime Telephone Number		
Contact Person	Area Co	de & Daytime Telephone Number		
the following amount made	payable to the Florida Depa	artment 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)		
ng Address	<u>St</u> reet	Address		
dment Section	Amendment Section			
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
	ER: H82871 f Amendment and fee are subondence concerning this mandartin Rivard Rivazzo Consulting Services 2626 Campi Drive Lake Worth, FL 33467 d@rivardinsurance.net E-mail address: (to be used to be used to be address) Concerning this matter, please Concerning this matter, please Contact Person the following amount made \$43.75 Filing Fee & Certificate of Status ng Address dment Section ion of Corporations 30x 6327	Amendment and fee are submitted for filing. Formal Person Rivazzo Consulting Services, Inc. Firm/ Company 2626 Campi Drive Address Lake Worth, FL 33467 City/ State and Zip Cod d@rivardinsurance.net E-mail address: (to be used for future annual report concerning this matter, please call: at (561 Contact Person The following amount made payable to the Florida Depayable to Status Certificate of Status Certified Copy (Additional copy is enclosed) The Address of Status Street Amendian of Corporations Box 6327 Ciffon		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

TO SANDIO Rivard Insurance Agency, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) H82871 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Rivazzo Consulting Services, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 9626 Campi Drive B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lake Worth, FL 33467 C. Enter new mailing address, if applicable: 9626 Campi Drive (Mailing address MAY BE A POST OFFICE BOX) Lake Worth, Fl. 33467 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: (No change; address change only) Name of New Registered Agent 9626 Campi Drive (Florida street address) , Florida___ Lake Worth New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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.

Example: X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		-
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	11.00	
Add				
Remove				
5) Change				
Add		_		
Remove				
_				
6) Change				
Add				·
Remove				

	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	.
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
((no more than 90 days after umendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the ate's records
Adoption of Amendment(s) (CHEC	<u>CK ONE</u>)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	archolders. The number of votes cast for the amendment(s) proval
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	g group)
action was not required The amendment(s) was/were adopted by the inc	ard of directors without shareholder action and shareholder
action was not required.	
November 6, 2019 Dated	SA Cair
	ent or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Martin Rivard	
(Ту	rped or printed name of person signing)
President	
	(Title of person signing)