

9/20/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L080000103484

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000233153 3)))



H160002331533ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIVER ENTERPRISES CONTRACTORS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

3055712020

Care Resource - Admin Miami

15:57:46 09-16-2016

6 / 7

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: RIVER ENTERPRISES CONTRACTORS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

riverenterprisescarpentry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888 ext. 9724

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301RECEIVED
TALLAHASSEE, FLORIDA

2016 SEP 23 P 1:47

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RIVER ENTERPRISES CONTRACTORS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/30/2008 and assigned
Florida document number L08000063484

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

River Enterprises Carpentry LLC

The new name must be distinguishable and end with 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

(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:

Sebastian Gaiardo

New Registered Office Address:

9371 Fontainebleau Blvd # 1233

Enter Florida street address

Miami

City

Florida 33172

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

2016 SEP 23 PM 11:47
TALLAHASSEE
SECRETARY OF STATE

FILED

3055712020

Care Resource - Admin Miami

15:57:30 09-16-2016

5 / 7

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chavez Luis	2059 W 54 Terr	☐ Add
		Hialeah, FL 33013	☒ Remove
MGR	Sebastian Gaiardo	9371 Fontainebleau Blvd #1233	☒ Add
		Miami, FL 33172	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF
ALL HASSELL
FLORIDA

2016 SEP 23 PM 1:48

FILED

3055712020

Care Resource - Admin Miami

15:56:55 09-16-2016

3 / 7

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)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9-13, 2016

Signature of a member or authorized representative of a member

Oscar Rolando

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

2016 SEP 23 P 1:48
OFFICE OF STATE
TALLAHASSEE, FLORIDA

FILED