# L10000113352

| (1                   | Requestor's Name)       |
|----------------------|-------------------------|
| (,                   | Address)                |
| (.                   | Address)                |
| ('                   | City/State/Zip/Phone #) |
| PICK-UP              |                         |
| (                    | Business Entity Name)   |
| (                    | Document Number)        |
| Certified Copies     | Certificates of Status  |
| Special Instructions | to Filing Officer:      |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |
|                      | Office Use Only         |
|                      |                         |

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## **COVER LETTER**

### TO: Registration Section Division of Corporations

RIVILON PROPERTIES LLC

SUBJECT: \_\_\_

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:

PEARLY MIRON.

Name of Person

- RIVILON PROPERTIES LLC

Firm/Company

3410 GALT OCEAN DRIVE APT 1602 N

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

Pearly.Miron@gmail.com

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

For further information concerning this matter, please call:

Name of Person

(\_\_\_\_J\_\_\_\_ Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

| ARTICLES OF AME  | NDMENT   |
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| ARTICLES OF ORGA   | NIZATION 🖓   |
| OF   | NIZATION   |
|  |  |
| Rivilon Properties LL  | NIZATION   |
| (Name of the Limited Liability Company as it a<br>(A Florida Limited Liability C   | ow appears on our records.)                              |
|  |  |
| The Articles of Organization for this Limited Liability Company were til   | ed on11/01/2010 and assigned to                          |
| Florida document numberL10000113352  |  |
|  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability con   | npany here:  |
|  |  |
| The new name must be distinguishable and contain the words "Limited Liability Comp   | any," 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 OFF1 CE BOX)  |  |
|  |  |
| B. If amending the registered agent and/or registered office address   | on our records, enter the name of the new registered     |
| B. If aniending the registered agent and/or registered office address agent and/or the new registered office address here: | on our records, ener me numeror me new 124 our se        |
|  |  |
| Marine of Marine Development Among   |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Emer Florida street address                              |
|  | Flacida  |

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 dutics, 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name          | Address                                   | <b>Type of Action</b> |
|--------------|---------------|---|-----------------------|
| MGRM         | Eitan Shapira | 10 Pki'in Street, Apt 8, Tel Aviv, Israel | 🖸 Add                 |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

June 27th, 2022

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) E. Effective date, if other than the date of filing: \_\_\_\_ Note: If the date inserted in this block do is 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. Ē 23

|         |           |  |                  | 22           |          |
|---------|-----------|--|------------------|--------------|----------|
| D. 1    | June 30th | 2022   | • *              | <u></u>      |          |
| Dated _ |           | ·  | - بر ا<br>- بر ا | <u></u>      | •        |
|         |           | l lin -  |                  | -8           | ·        |
|         |           | Signature of a member or authorized representative of a member | <u>(</u> ),      | ~            | <u>,</u> |
|         |           | signative of a memory of annonced representative of a memory   | <u> </u>         |              |          |
|         |           | Pearly Miron   | N I N            | - <u>-</u> - |          |
|         |           |  |                  | S            |          |
|         |           | Typed or printed name of signee                                | 3                | $\square$    |          |
|         |           |  |                  |              |          |