10/29/24, 2:21 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NETAXAW Account Number : I20240000105 Phone : (754)703-7020 Fax Number : (305)390-3773

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

Email Address: ACCOUNTANT@NETAXAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN, RIVERA INDARTE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERA INDARTE, LLC		·
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our record Liability Company)	<u>(ş.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000124172</u> .	y were filed on 12/02/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	the difference	
		9 1
		29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Harida street addres	25
	F1.	orida
	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.

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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 Authorized Member		
Title	Name	Address	Type of Action
MGRM	VICENTE PEREIRA, OSVALDO	14970 S Biscayne River Dr	□Add
		Miami, FL 33168	
			☐Change
MGRM	TORRES, ALICIA E	14970 S Biscayne River Dr	🗀 Add
		Miami, FL 33168	
			∩Change
	.,, .		UAdd
			□Remove
			□Change
			☐ Change
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			☐ Change
			□Add
			
			UChange

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	effective date, but no	ot an effective time,	at 12:01 a.m. on th	ne eartier of: (b)	The 90th day after the
cord specifies a delayed s filed.					
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