## 113000028983

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## **COVER LETTER**

	Registration Se Division of Cor					
RIOS RIVERA INVESTMENTS, LLC  SUBJECT:  Name of Limited Liability Company						
Please re	turn all correspo	ndence concerning this matter	to the following:			
		ROSA HILDA SALINAS				
			Name of Person	_		
		PACHEDO AND ASSOC	HATES, LLC			
			Firm/Company	_		
2484 NW 89TH PL						
			Address	_		
	DORAL, FL 33172					
			City/State and Zip Code	_		
		rhsalinas64@hotmail.com				
			(to be used for future annual report notification)			
For furth	er information c	oncerning this matter, please c	all:			
ROSA HILDA SALINAS			786 327 0829 at ( )	1		
Name of Person			Area Code Daytime Telephone Numb	<del></del> :		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy all copy is enclosed)		
Mailing Address: Registration Section Division of Corporations			Street Address: Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIOS RIVERA INVESTMENTS, LLC

21 APR 26 PH 3: 57

(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 Liab		were filed on Febrero	25, 2013	and assigned
Florida document number L13000028983				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabil	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company." the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>2X)</u>			
		<del></del>		
B. If amending the registered agent and/or reg	detarad affina a	ddwara an ann naoand	a antou the name	a of the many musicing
agent and/or the new registered agent and/or reg		udress on our record	s, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:				<del></del>
				<del></del> -
Name of New Registered Agent: New Registered Office Address:		Enter Florida str		
		Enter Florida str	eet address	Zip Code

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.

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 = M $AMBR = A$	Aanager Authorized Member	CALIBOT OF SEATER			
<u>Title</u>	<u>Name</u>	Address	21 AFR 26 PH 3: 57	Type of Action	
MGR	ALFONSO RIOS RIVERA	2484 NW 891	TH PL, DORAL, FL 33172	<b>=</b> Add	
				Remove	
				□Change	
			-	□ Add	
				Remove	
				□Change	
				□Add	
				□Remove	
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