

L13000038196

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. BOSTICK

DEC 10 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVIERA CONSULTING 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:

ROBERTO PEREZ

Name of Person

RIVIERA CONSULTING LLC

Firm/Company

5533 ALHAMBRA CIRCLE

Address

CORAL GABLES FL 33146

City/State and Zip Code

ROPERTHRC@YAHOO.COM

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

For further information concerning this matter, please call:

ROBERTO PEREZ

Name of Person

at (786) 203-3770

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 32301

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

RIVIERA CONSULTING 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 03/13/2013 and assigned
Florida document number L13000038196.

This amendment is submitted to amend the following:

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

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)

5533 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5533 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

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:

ROBERTO PEREZ

New Registered Office Address:

5533 ALHAMBRA CIRCLE

Enter Florida street address

CORAL GABLES, Florida 33146
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 608, 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.

Roberto Perez
If Changing Registered Agent, Signature of New Registered Agent

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

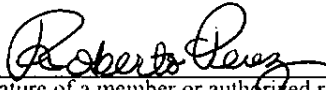
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STELLA PRENDES	6222 PARADISE POINT DR	<input type="checkbox"/> Add
		Village of Palmetto Bay, FL	<input checked="" type="checkbox"/> Remove
		33157	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

November 13, 2013



Signature of a member or authorized representative of a member

ROBERTO PEREZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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