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## **COVER LETTER**

Division of Co			
SUBJECT:	VIERA CONSI	JLTNG LCC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert	b PEVEZ Name of Person	
		Firm/Company	
	1172 S	DIXIE HW	# 101
	CORAL	City/State and Zip Code	2914C
	KOKETHIC (F-mail address:	D YAMOO, WA	(ication)
For further information of	: concerning this matter, please ca	• • • • • • • • • • • • • • • • • • • •	
ROBOCTO Name o	PEACEZ of Person	at ( <u>186</u> ) <u>353</u> -	e Telephone Number
Enclosed is a check for t	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



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 11, 2016

ROBERTO PEREZ 1172 S DIXIE HWY #101 CORAL GABLES, FL 33146

SUBJECT: RIVIERA CONSULTING LLC

Ref. Number: L13000038196



We have received your document for RIVIERA CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00021881

10 /2/16

Attached please find the corrected

Also the wolk you see in this form was made when you guys open this www.sunbiz.org letter, before

Division of Corporations - P.O. ROX 6327 - Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- RIVIORA C	ON SULTING LL	ر
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L12000 33194	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		7.7.4
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stred	et address
		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action RIVIERA COUSUMNO LUC 5533 Alhambra Circle 10 Add CORAL GABLES FL 33146 PREMOVE RABENTO PENEZ. MGR 172 S DIXIE HWY 4101 PAND ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove Change Remove င္သံြ Change ☐ Add ☐ Remove \_□ 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:

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Filing Fee: \$25.00