## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000295471 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To 1

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

: (561)844-3700

Fax Number

: (561)844-2388

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

## LLC AMND/RESTATE/CORRECT OR M/MG RÉSIGN RIVALDO INVESTMENTS STUART, LLC

A SOCIETY WELDS CONTROL OF THE SET OF THE SET	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	[ 3
Estimated Charge	\$25.00

S Warren

DEC 0 5 2016

**A**.

, <u>}-</u>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVALDO INVESTMENTS STUART, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	nopears on our records.)
The Articles of Organization for this Limited Liability Company were filed florida document number L13000108276	on 07/31/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
he new name must be distinguishable and contain the words "Limited Liability Company,	
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	70
nter new mailing address, if applicable:	A II:
Mailing address MAY BE A POST OFFICE BOX)	STE RIDE
· 	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office addre	ss on our records, enter the name of the n
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
· Eni	er Florida street address
City	, Florida 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

Page 1 of 3

M.

1:

,

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Arthur Rivaldo	10802 SE Arielle Terrace	
	· · · · · · · · · · · · · · · · · · ·	Tequests, FL 33469	C] Remove
			■ Change
MGR	Melanie Vazquez	10802 SE Arielle Terrace	
		Tequesta, FL 33469	□ Remove
			■ Change
MGR	Campbell CFO Services, LLC	1955 Tudor Road	Add
		North Palm Beach, PL 33408	□ Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			20 Change 20 Change 20 Change 20 Reference
			Ren S
			OF DE Renove

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member LAWRENCE W. SMITH Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00

(((H16000295471 3)))