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COVER LETTER

TO:

Registration Section
Division of Corporations

RIVERA DOCUMENT PROCESSING, 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:

Julia Greenberg-Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza Suite 800

Address

New Rochelle, NY 10801

City/State and Zip Code

info@riveradocumentprocessing.com

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

For further information concerning this matter, please call:

Julia Greenberg- Aguilar

__877\330-2677

Name of Person

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

RIVERA DOCUMENT PROCESSING, 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 11/26/2013 and assigned Florida document number L13000165538 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ORLANDO DOCUMENT PROCESSING LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 612 DELHI STREET Enter new principal offices address, if applicable: ORLANDO, FL 32808 (Principal office address MUST BE A STREET ADDRESS) 612 DELHI STREET Enter new mailing address, if applicable: ORLANDO, FL 32808 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the nev registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Type of Action** <u>Name</u> <u>Address</u> ☐ Add ☐ Remove _□ Add _□ Remove _□ Add _□ Remove □ Add Remove

___ Remove

| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State) | (optional) not be more than 90 days after |
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| Dated June 27. 2014 | |
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Page 3 of 3

Filing Fee: \$25.00