

L13000167766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Ownership/ Change of Address
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:

Erika F Rocha

Name of Person

Rider International Business Consulting LLC

Firm/Company

418 Montecito Drive

Address

Satellite Beach FL 32937

City/State and Zip Code

erikafernandarocha@gmail.com

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

For further information concerning this matter, please call:

Erika F Rocha

Name of Person

at (321) 5940774

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Rider International Business 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 December 04, 2013 and assigned
Florida document number L13000167766.

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)

890 Loggerhead Island drive

Satellite Beach, FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

890 Loggerhead Island drive

Satellite Beach, FL 32937

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:

Erika F Rocha

New Registered Office Address:

890 Loggerhead Island drive

Enter Florida street address

Satellite Beach

City

, Florida

32937

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

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FLORIDA
STATE
SECRETARY

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David W Rider JR	890 Loogerhead Island drive	<input type="checkbox"/> Add
		Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Remove
MGRM	Erika F Rocha	890 Loogerhead Island drive	<input checked="" type="checkbox"/> Add
		Satellite Beach, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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SECRETARY OF STATE

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

(we are only changing ownership and address at this ocasion .Please, note that

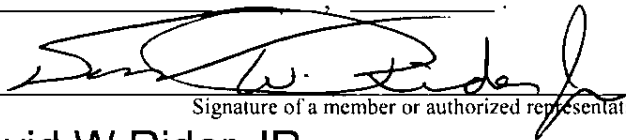
the company address is our residential address. I, David Rider and Erika F Rocha

are married. This is the reason all the addresses are the same).

E. Effective date, if other than the date of filing: date of filing (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10 2014



Signature of a member or authorized representative of a member

David W Rider JR

Typed or printed name of signee

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Filing Fee: \$25.00

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