

L13000176229

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.

((H16000295489 3)))



H160002954893ABCB

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

2016 DEC -2 AM 10:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address:

Me@gdc-law.com

RECEIVED

2016 DEC -2 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RIVALDO INVESTMENTS NPB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

DEC -5 2016

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RIVALDO INVESTMENTS NPB, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 DEC -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/23/2013 and assigned
Florida document number L13000176229.

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 contain 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)

Enter new mailing address, if applicable:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Arthur Rivaldo	10802 SE Arielle Terrace	<input type="checkbox"/> Add
		Tequesta, FL 33469	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melanie Vazquez	10802 SE Arielle Terrace	<input type="checkbox"/> Add
		Tequesta, FL 33469	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hog Snappers Holdings, LLC	3001 PGA Blvd., Suite 305	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 DEC -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2010
SECRETARY OF FLORIDA
ALLAHASSEE. FLORIDA

FILED
2019 DEC -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL 32310

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

Dated 12/22, 2016

Signature of a member or authorized representative of a member

LAWRENCE W. SMITH

Typed or printed name of signee