## L14 CCCC 25714

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<del></del> .
(0	ocument Number)	·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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amend name change

MAR 2 4 2020

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RIVERS	DENIM CC ame of Limited Liability Company	<del></del>
The enclosed Articles of Amendment and fee	(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Christ	wher Dischin	.0
Di Schi	no & Schany Firm/Company	puc
4770	BISCAULE BLY	D, #1280
MIEU	City/State and Zip Code	
<u>adm</u>	il address: (to be used for future annual report notifi	ication)
For further information concerning this matter	er, please call:	2 - 57 9 - 57 9 - 57
Chylstopher DSch	at $\frac{786}{\text{Area Code}}$ Daytime	Telephone Number
Enclosed is a check for the following amount	t:	źn
\$25.00 Filing Fee S30.00 Filing Certificate o		☐ \$60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations ...e Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF O TO ARTICLES OF O O	O STATE OF THE PROPERTY OF T
R IVERS ENI (Name of the Limited Liability Compa (A Florida Limited I	ny as it dow appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $14000$ $35714$	1 ' 1 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4770 BISCAYNE BLVD.
(Principal office address MUST BE A STREET ADDRESS)	SUITE #1280
	MIAMI, FC 33137
	•
Enter new mailing address, if applicable:	4770 BISCAYNE BLUD
(Mailing address MAY BE A POST OFFICE BOX)	BUITE # 1280
	MIAMI, FC 33137
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: D12C+1	1702 SCHAMY, PULC
New Registered Office Address: 4770_81	SCHUNE BLVD., SUTTE#1280 Ehter Florida street address
MIAM	City . Florida 3313 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.

11 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>	Name	Address	Type of Action
MGR	JULIAN RIOS	4770 BISCAYNE BU	D □Add # (280
		MIAMI, FL 33137	□Remove
			ØChange
MGR	CAMILO RIOS	4770 BISCAYNE BUD	# 1280 DAdd
		MIAMI, FL 33137	□Remove
			& Change
MER	Genesis Castellanos	4770 BISCAYNE BUD	#1280 
CAZLEMANOZ	MIAMI, FL 33137	□Remove	
		· · · · · · · · · · · · · · · · · · ·	□Change
			- Land
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<u>ote:</u> If the	date inserted in	tate must be specific this block does not the Department	not meet the app	olicable statut				
record spec is filed.	cifies a delayed o	effective date, but	not an effectiv	e time, at 12:0	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
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	,	Signature of	of a member or a	uthorized repre	sentative of a me	rmber		
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Filing Fee: \$25.00