## 114006070763

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## **COVER LETTER**

TO: Registration Sec Division of Cor			
<b>subject</b> :		100MONT LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Margery	Rivera Name of Person	
	Margery 1	Ann Rivera, LLC Firm/Company	
	1718 Chaps	el Tree Circle Apt Address	F
	Brando	ON FL 33511 City/State and Zip Code	
	Margery riv	IF VA & GMOUL COM to be used for lyture annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Margery Ri Name o	VLVA Person	at (239 ) 823 - /8 Area Code Daytime	837 Telephone Number
Enclosed is a check for the	ne 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:

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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

Miss Rivera M	anagement, LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L1400030763</u>	Company were filed on <u>Feb. 24, 6</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim  MAYARY AND RIVEYA,  The new name must be distinguishable and end with the words "Li	LLC.	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 25
		0 (77)
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		Florida
	City	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Actio
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			Add
			□ Remove

ctive date, if other than the date of filing:  fective date must be specific, cannot be prior to date of receipt o	(optional)
late this document is filed by the Florida Department of State)	,
d June 2 , 2014	<u>4</u> .
Margar A Dings	
Signature of a member or au	Ithorized representative of a member

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Filing Fee: \$25.00

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