

L14000096772

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(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riv-Man Productions, 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:

Carlos Rivero

Name of Person

Riv-Man Productions, LLC

Firm/Company

11050 SW 46th Street

Address

Miami, FL 33165

City/State and Zip Code

rivmanmedia@gmail.com

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

For further information concerning this matter, please call:

Carlos Rivero

305 753-8987
at (_____) _____

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

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2015 JAN 27 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Riv-Man Productions, 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 06/16/2014 and assigned
Florida document number L14000096772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rivman Media, LLC.

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)

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:

Sean Roche

New Registered Office Address:

11050 SW 46th Street

Enter Florida street address

Miami

City

Florida 33165

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

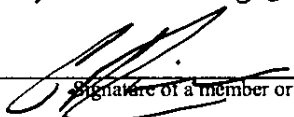
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carlos Rivero	11050 SW 46th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
AMBR	Sean Roche	21300 SW 232 Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33170	<input type="checkbox"/> Remove
AMBR	Daphne Saba	3775 NW 13th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
MGR	Carlos Rivero	11050 SW 46th Street	<input type="checkbox"/> Add
		Miami, FL 33165	<input checked="" type="checkbox"/> Remove
MGR	Jeannie Guzman	440 Santander Ave. #6	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the 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 January 19th of 2015



Signature of a member or authorized representative of a member

Carlos Rivero

Typed or printed name of signee

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TALLAHASSEE, FLORIDA