L1500013267-8

(Ře	equestor's Name)	
(Ād	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200278023372

. 10/14/15--01003--008 **25.00

15 OCT IL PHI2: 36

OCT 15 2015 Y SULKER

COVER LETTER

TO:	Registration Se Division of Cor			·
cun (I	Team Rive	ro		
SUBJI	:CI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Idalia Rivero Alfaras		
			Name of Person	
		Team Rivero LLC		
			Firm/Company	
		3777 S.W. 148 Ct.		
			Address	
		Miami,Florida 33185		
			City/State and Zip Code	
		LALFARAS @gmail.com		· · · ·
For fu	ther information o	n-mail address: (to be used for future annual report notif all:	ication)
ldalia	Rivero Alfaras		305 505-8910	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

TEAM RIVERO LLC.		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on 08/04/2015	and assigned
Florida document number L 15000132678	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<u> </u>
		AAK C
	r registered office address on our records, er	ter The name of the ne
registered agent and/or the new registered offi	<u>ce address here</u> :	SEE. P
Name of New Registered Agent:		
New Registered Office Address:		36 RIDA
resistence of the reduction.	Enter Florida street address	
	, Florida	1
	City	Zin Coda

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>	Type of Action	
MGR	Idalia Rivero Alfaras	3777 S.W. 148 Ct. Miami,Fl. 33185	■ Add	
			☐ Remove	
			☐ Change	
			Add	
			Remove	
			Change	
			☐ Remove	
			Change	
			S OCT IL EN IZ: 36	
			ORIGINAL (Mange	
			☐ Remove	
			Change	
			Add	
			Remove	
			Change	

	f k r g								_
									_
							-		
									
			- 		· · · · · · · · · · · · · · · · · · ·				_
		$\overline{}$						·	_
									_
			\						_
				_					_
			/				Ā		
							2	3 OC1	nere,
			-					7	Cultivate (California
				- <u></u>					_ [T]
							<u> </u>		
	_							2: 36	
				-					
(If an effective da <u>Note:</u> If the d	e, if other than the ate is listed, the date must late inserted in this bloffective date on the Do	be specific an ock does not	d cannot be meet the a	prior to date o		re than 90 days			
	pecifies a delayed day after the reco			t not an e	ffective ti	me, at 12:	01 a.m. or	the ear	rlier of:
Dated	9-29- Smar	2019 ta (5	Zine	10	Real	stered	aga	nt
_	MARTA	Signature of a	member or	adthorized ro	presentative	of a member		y	
			11.	- 0					

D.

Page 3 of 3

Filing Fee: \$25.00