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019 ETC 16 PH 5: 48

## **COVER LETTER**

TO: Registration S Division of Co			
RIVERA	CONSULTING COMPANY, LI	LC	
SUBJECT:			
***************************************	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA YESENIA RIVE	RA	
		Name of Person	
	RIVERA CONSULTING	COMPANY, LLC	
		Firm/Company	
	8400 NW 36th St, Suite 4	50	
		Address	<del></del>
	Doral, FL 33166		
	yesenia@riveralawinternat	City/State and Zip Code tional.com	12.0
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Maria Yesenia Rivera		786 366-2632	
Name	of Person	at () Area Code Daytim	e 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 Addr. Registration		Street Address: Registration Se	ction
•	Corporations	Division of Cor	
P.O. Box 63	27	The Centre of T	Tallahassee
Tallahassee,	. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERA CONSULTING COMPANY, LLC

2019 DED 16 PH 5: 44

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

	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number		0/8/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		ecords, enter the name of the new regist
Name of New Registered Agent:	8400 NW 36th St, Suite 450	
New Registered Office Address:		rida street address
	Doral	Florida
		, riorida

## 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
MMB R	AnaMaria Rivera	8400 NW 36th St, Suite 450	
		Doral, FL 33166	□Add
			<b>■</b> Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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	<del></del>		□Add
			□Remove
			∏Chanye

	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 neet the applicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not a is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 5th ted,	2019
, , , , , , , , , , , , , , , , , , ,	
	1.3%

Typed or printed name of signee