## 115000171172

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: RIVE	RA LAW LI Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
	1/ESEN1	A TACONA Name of Person	
		Firm/Company	
	17100 20YA	L PALM BLVD Address	SUITE 1
	WESTON, F	City/State and Zip Code	
	Hacon-	A CHOTHALL.COL	cation)
For further information co	oncerning this matter, please ca	all:	
YESONI A	TACONA	<u>a(786) 366</u>	2632
Name o	Person	Arca Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ZIVERA LA	
	Y Company as it now appears on our records.) Limited Liability Company)  SIGNATION (SIATE
The Articles of Organization for this Limited Liability Co	ompany were filed on $10/08/2015$ and assigned
Florida document number <u>L15000171172</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
TACONA LAW, LLC  The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L4.C" or the abbreviation "L4.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	wlA
New Registered Office Address:	N/A  Enter Florida street address
	City Florida Name City Zip Code
New Registered Agent's Signature, if changing Registered	J Agent:
I hereby accept the appointment as registered agent of	and agree to act in this capacity. I further agree to comply with t

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>	Address	Type of Action
44	4/9	NA	
			□Remove
			□Change
<del></del>			DAdd
			Remove
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	<del></del>	□Remove	
			□Change
			□Add
			□Remove
			□Change

.,. II MI.	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(li`an <u>Not</u>	ctive date, if other than the date of filing: 10 25 202 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
If the rec record is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	ed 10/25/2021
	Signature of a member or abborized-representative of a member
	MARIA JESENIA ZIVERA