## 116000009546

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PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	RIVERGON ENTERP	PRISE LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	OS	VALDO MARTINEZ			
		Name of Person			
	O&J PR	OFESSIONAL SERVICES INC			
		Firm/Company			
	ı	OSVALDO MARTINEZ  Name of Person  O&J PROFESSIONAL SERVICES INC  Firm/Company  13550 SW 88 ST STE 150  Address  MIAMI FL 33186  City/State and Zip Code OSVALDOEMARTINEZ@AOL.COM  mail address: (to be used for future annual report notification)  tter, please call:  at (			
		MIAMI FL 33186			
			<u></u> .		
	OSVALD	·			
		<del>-</del>	ification)		
For further information e	oncerning this matter, please c	all:			
OSVALDO M	IARTINEZ				
Name of Person		Area Code Daytir	ne Tetephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
			:		
Mailing Addres Registration !		<u>Street Address:</u> Registration So	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of	- <del>-</del>		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NIERIRISE LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited L. Florida document number. L16000009546		were filed on $\frac{01/13/2016}{}$	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or i	registered office:	address on our records	enter the name of the new regist
agent and/or the new registered office addre	C'	iddiess on our records,	enter the name of the new region
Name of New Registered Agent:		OSVALDO MARTIN	NEZ
New Registered Office Address:		13550 SW 88 ST S	TE 150
New registered office radies.	<u> </u>	Enter Florida street	address
	MIAMI		_, Florida <sup>33186</sup>
		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 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
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cord sp s filed.	secifies a delaye	ed effective date	, but not an e	effective time.	at 12:01 a.m. o	on the earlier of	f: (b) The 90th	day after the
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ed	June	6	<u> </u>	2024.				:
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