

From:

05/25/2016 11:14

#040 P.002/004

5/25/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : REGAL TAX ADVISORY GROUP, LLC
Account Number : I201300000064
Phone : (305) 603-8310
Fax Number : (877) 857-1309

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIVIERA POINT AA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2016 MAY 24 P 1:29
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TALLAHASSEE, FLORIDA

2016 MAY 25 PM 12:36

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MAY 25 2016
J. BRUCH

Corporate Filing Menu

Help

From:

05/25/2016 11:14

#040 P.001/004

850-617-6381

5/25/2016 10:21:31 AM PAGE 1/001 Fax Server



May 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIVIERA POINT AA, LLC
2475 NW 95TH AVENUE
3
DORAL, FL 33172US

SUBJECT: RIVIERA POINT AA, LLC
REF: L16000079111

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H16000126820
Letter Number: 516A000110

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2016 MAY 24 P 1:29

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RECEIVED
2016 MAY 25 PM 12:36
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TALLAHASSEE, FLORIDA

From:

05/25/2016 11:15

#040 P.003/004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riviera Point AA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis E Davila

Name of Person

Regal Tax and Business Solutions

Firm/Company

1200 NW 78th Avenue, STE 300

Address

Doral, FL 33126

City/State and Zip Code

info@regaltax.us

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

For further information concerning this matter, please call:

Luis E Davila

Name of Person

at 305

Area Code

603-8310

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

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TALLAHASSEE, FLORIDA

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From:

05/25/2016 11:15

#040 P.004/004

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Riviera Point AA, LLC

SECOND: The Florida Document number of the limited liability company is: L16000079111

THIRD: Document to be corrected is: Electronic Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV: The Name and address of person(s) authorized to manage LLC

INCORRECT: Title: MGRM - Zaida Lopez - First name is misspelled

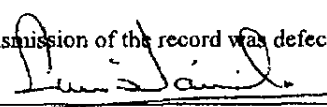
CORRECT: Title: MGRM Zhaida M Lopez - First name is properly spelled

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

05/23/2016
Date

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Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)