## 216000154837

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## **COVER LETTER**

TO: Registration S Division of Co			
M&A RIV	ERA SERVICES LLC		
SUBJECT:		d Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fee(s) are submi	tted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	MIGUEL RIVERA		
		Name of Person	
		Firm/Company	
	7230 KAYLOR AVE		
		Address	<del></del>
	COCOA FL 32927		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information	concerning this matter, please call	:	
MIGUEL RIVERA		at (	
Name	of Person	at () Area Code Daytime	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 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

M&A <sub>4</sub> RIVERA SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L16000154837	were filed on 08/18/2016 a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
M &A RIVERA SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:	7230 KAYLOR AVE	
(Principal office address MUST BE A STREET ADDRESS)	COCOA FL 32927	
Enter new mailing address, if applicable:	7230 KAYLOR AVE	
(Mailing address MAY BE A POST OFFICE BOX)	COCOA FL 32927	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		name of the nev
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
	,	p Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if thi	iar with and is document is

Page 1 of 3

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
AMBR	MIGUEL A RIVERA	7230 KAYLOR AVE	B A	ıdd
		COCOA FL 32927	R	lemove
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te: If the date inserted in this block document's effective date on the Department	cific and cannot be prior to date of filing or more as not meet the applicable statutory filing recent of State's records.	than 90 days after filing.) Purst equirements, this date will n	ot be listed a
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record specifies a delayed effective day after the record is detailed.	of filing:  cific and cannot be prior to date of filing or more es not meet the applicable statutory filing re ent of State's records.  ctive date, but not an effective time filed.	than 90 days after filing.) Pursicular equirements, this date will not be e, at 12:01 a.m. on the	ot be listed a

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