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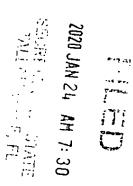
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COVER LETTER

TO: Registration Section

Divi	ision of Cor	porations		
	RIVER'S P	ROPERTIES OF FLORIDA, I	LC .	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Anticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		JOSSY RIVERA GONZA	LEZ	
	Name of Person			
		RIVER'S PROPERTIES O	F FLORIDA, LLC	
			Firm/Company	
		···	Address	
POMPANO BEACH, FL 33069				
			City/State and Zip Code	
		mafinancelle@gmail.com	to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please ca	·	,
JOSSY RIV	ERA		584 414621030	8
Name of Person		f Darron	at () Area Code Davtir	ne Telephone Number
	Ivaine 0	i i daon	Alca code Bayur	не текрионе гчинос
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 F	filing Fec	☐ \$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		Street Address: Registration Section		
Division of Corporations		Division of Co	orporations	
). Box 632 lahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVER'S PROPERTIES OF FLORIDA, LL (Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)	
(A Flond	a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 09/15/2016	and assigned
Florida document number £16000172502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2020 J
he new name must be distinguishable and contain the words "Lin	nited Liability Company "the designation "LLC" or the	
		2
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	= []
		<u> </u>
		· E 0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		- National State of the State o
3. If amending the registered agent and/or registere	ed affice address on our records, enter the	ama of the new vaciety
s. It amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, enter the n	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
 -	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 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	MARIANA BRAVO RIVERA	468 W PALM AIRE DR POMPANO BEACH, FL	. 330 ■Add
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etive data if othe	r than the date of f	12/20/2019	•	,	optional)		
effective date is listed,	the date must be specifi	c and cannot be prior		nore than 90 day:	s after filing.) Pu		
	ed in this block does i ite on the Department			ng requirement	s, this date will	l not be liste	ed a
ument's effective da	•						
ument's effective da		t not an effective ti	me, at 12:01 a.m.	on the earlier	of: (b) The 90)th day after	the
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