Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000295495 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name

: GARY, DYTRYCH & RYAN, P.A.

Account Number: I19990000255

Phone Fax Number : (561)844-3700 : (561)844-2388

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVALDO INVESTMENTS TEQUESTA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIVALDO INVESTMENTS TEQUESTA, LLO | - | |
|--|---|----------------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our recomited Liability Company) | rdi.) |
| The Articles of Organization for this Limited Liability Con | npany were filed on 11/28/2016 | and assigned |
| Florida document number L16000216079 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | 24. |
| • | | |
| Enter new mailing address, if applicable: | , | OEC SERVICE |
| (Mailing address MAY BE A POST OFFICE BOX) | | Shirt No area |
| | | S P IT |
| | | 50.00 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | ed office address on our records bere: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | , F | Tlorida |
| | 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

Page 1 of 3

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> | Name | <u>Address</u> | Type of Action |
|----------------|----------------------------|----------------------------|-----------------------|
| MGR | Arthur Rivaldo | 10802 SB Arielle Tettace | |
| | | Tequesta, FL 33469 | □ Remove |
| | | | Change |
| MGR | Melanie Vazquez | 10802 SE Arielle Terrace | |
| | | Tequesta, FL 33469 | |
| | | | _ □ Change |
| MGR | Campbell CFO Services, LLC | 1955 Tudor Road | |
| | | North Palm Beach, FL 33408 | □ Remove |
| | | | Change |
| ,,, | | | D Add |
| | | | Remove AHAD Charge |
| | | | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | D Change |

| . Z. 2016 [1:59AM Gar | y <u>Dytrych</u> & Ryan 53))) | No. 1580 P. |
|--|---|--|
| amending any other information | n, enter change(s) here: (Attach additional sh | eels, if necessary.) |
| | | |
| | | |
| | | |
| · | | |
| | | |
| | | |
| | | |
| | | <u></u> |
| | | 199 |
| | | PEC. |
| | | Si. N |
| | | |
| | · | 5 |
| | | |
| <u> </u> | | |
| | | |
| | | |
| ffective date, if other than the da | te of filing: specific and cannot be prior to date of filing or more than | (optional) |
| an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa | does not meet the applicable statutory filing requir | 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a |
| e record specifies a delayed e | ffective date, but not an effective time, a | at 12:01 a.m. on the earlier |
| The 90th day after the record | | |
| ated 12 2 | 2016 | |
| | Charles | |
| Sig | mature of a member or authorized representative of a me | mber |
| Lawrence W. Smith, Author | prized Representative | |
| <u> </u> | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

(((H160002954953)))