

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.

(((H160003186383)))



H160003186383ABC3

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

Fax Number : (850)617-6383

From:

: GARY, DYTRYCH & RYAN, P.A. Account Name

Account Number : 119990000255 Phone : (561)844-3700

Fax Number : (561)844-2388

**Enter the email address for this business entity to be used for 逛 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

 $^{\rm tX}\mathcal{C}$

10

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H160003186383)))

RIVALDO INVESTMENTS TEQUE		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Llat	bility Company were filed on 12/02/2016	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or I	he abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole;	
(<u>Principal office address MUST BE A STREET</u>	ADDRESS)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>er</u> <u>ce address here</u> :	iter the name of the ne
Name of New Registered Agent:		- P
New Registered Office Address:	Enter Florida street address	- SE 9 1
	Enter Florida street adaress Riorid	1995 5
	City	Zip Code
New Registered Agent's Signature if changing Re	wistored Ament	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

(((H16000318638 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

Title	Name	Address	Type of Action
AR	LAWRENCE W. SMITH	701 U.S. Highway One, Suite 402	
•		North Palm Beach, FL 33408	 Remave
			□ Change
			∐ Add
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change T Ade T T
			Remove
			D Add
			Remove
			☐ Change

amending any other information,	enter change(s) h	ere: (Attach addition	al sheets, if necessa	ry.)
·	4 17	,	, ,	• •
	· · · · · · · · · · · · · · · · · · ·			
	·			
	<u> </u>			
	_			
				-
			· ••••	
	-			
				
<u> </u>				
	- · · · · · · · · · · · · · · · · · · ·			
ective date, if other than the date effective date is listed, the date must be sp	of ming: eclific and cannot be pri	or to date of filing or mor	(option al e than 90 days after filin) g.) Pursuant to 605,0
te: If the date inserted in this block do nument's effective date on the Departn	oes not meet the app nent of State's record	licable statutory filing : is.	equirements, this dat	e will not be listed
·				400 6
record specifies a delayed effe	ective date, but r	not an effective tin	ne, at 1 2:01 a.m	on the earlier
he 90th day after the record is	s filed.			聖四日
, December 29	2016			730 73
ed	··············	 ·		and the same
(M-	-			
Signe	ture of a member or au	thorized representative o	a member	

Page 3 of 3

Filing Fee: \$25.00

 $(((H16000318638\ 3)))$