## 117000178459

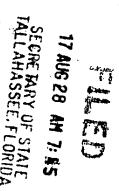
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
- (City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		:

Office Use Only



900302501889

08/28/17--01016--007 \*\*25.00



AUG 2 9 2817 J SH!VERS

## **COVER LETTER**

TO: Re Di	gistration Sec vision of Corp	ction porations ,		
CUDIFCT		ΓΤΟΝ & RIVEROS, LLC.		
SUBJECT:			ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		PAULA RIVEROS		
		<del></del>	Name of Person	
		SHREM BITTON & RIVE	EROS, LLC	
			Firm/Company	<del></del>
		2089 SW 71 WAY		
			Address	
		DAVIE, FL 33317		
			City/State and Zip Code	
		PCRIVEROS83@GMAIL.C	COM to be used for future annual report notif	Tonton)
For further	information co	ncerning this matter, please ca	·	ication)
PAULA RI	VEROS		786 3064750	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e 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

SI-IVEM BITTON	FINE R	any as it now appears on our records Liability Company)	)
( <u>)                                    </u>	(A Florida Limited	Liability Company)	<u>-</u> ,
The Articles of Organization for this Limited L	iability Compan	y were filed on <u>\$ ] } 1   1   7   </u>	and assigned
Florida document number <u>L17000178</u>		, ,	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
The new name must be distinguishable and contain the v	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		<del>.</del>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and	or registered (	office address on our records	, enter the name of the new
registered agent and/or the new registered o			Z.
Name of Naw Bagistoned Agants	PAULA	RIVEROS	17, SECH
Name of New Registered Agent:		SW 71 WAY	ASS S
New Registered Office Address:	2089	Enter Florida street address	SET SET
	PAVIE	, Flo	rida _333 777
	D. Sakara I.A.	City	Zip Code
New Registered Agent's Signature, if changing	<u> Kegisterea Agent</u>	<u>ii</u>	<b>2&gt;</b>

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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	DORON DAVID SHREM	493 BRIARWOOD CIRCLE,	
		HOLLYWOOD, FL 33024	Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

	<del></del>
<del></del>	
	<del></del>
	7
	<u> </u>
SSE	28
ـ لىد غىن	
LOR	3. C
 - OA	<del>- ivi</del>

Page 3 of 3

Filing Fee: \$25.00