## 117000219405

| (Requestor's Name)                      |
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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: RIVERAS AUTONOMOUS VEHICLE SERVICES, LLC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| JOSE RIVERA SR  |
| Firm <sup>2</sup> Company   |
| 957 WHISPERING CYPRESS LN Address   |
| ORLANDO, FL 32824  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at (407) 729-6445  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

| RIVERAS AU  | TOMOMOUS VEHICLE SERVICES, LLC   |
|---|--|
| (Name of the Limited Liab<br>(A Flor                          | ility Company as it now appears on our records.)<br>ida Limited Liability Company)   |
| The Articles of Organization for this Limited Liability       | Company were filed on 10/20/2017 and assigned  |
| Florida document number <u>L17000219403</u>                   | · · · · · · · · · · · · · · · · · · ·  |
| This amendment is submitted to amend the following:           |  |
| A. If amending name, enter the new name of the li             | mited liability company here:  |
|   | 上  |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the abbreviation "LLC"   |
| Enter new principal offices address, if applicable:           |  |
| (Principal office address MUST BE A STREET ADI                | ORESS)   |
|   |  |
|   | To the second se |
| Enter new mailing address, if applicable:                     |  |
| (Mailing address MAY BE A POST OFFICE BOX)                    |  |
|   |  |
| B. If amending the registered agent and/or reg                | istered office address on our records, enter the name of the new dress here:   |
|   |  |
| Name of New Registered Agent:                                 |  |
| New Registered Office Address:                                | Enter Florida street address   |
|   |  |
|   | , Florida  |

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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 = M $AMBR = A$ | lanager<br>Authorized Member |         |                  |
|--------------------|------------------------------|---------|------------------|
| <u>Title</u>       | <u>Name</u>                  | Address | Type of Action   |
|                    |                              | -       |                  |
|                    |                              |         | ☐ Remove         |
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|                    |                              |         |                  |
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|                    |                              |         | □ Change         |

| _  | AMEND TITLE OF AUTHORIZED PERSO   |   | <u> </u>               |
|--|---|---|------------------------|
| _  | TO MANAGER (MGR).   |   |                        |
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| _  |   | <del>-</del>                              |                        |
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| ffection of the first factor of the first fact | we date, if other than the date of filing:  | (optional)<br>in 90 days after filing.) F | ursuant to 605.0207    |
|  | If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records. | irements, this date w                     | ill not be listed as t |
|  | and of the Department of Other Processing   |   |                        |
|  | ord specifies a delayed effective date, but not an effective time,  | at 12:01 a.m. or                          | n the earlier of       |
|  | 90th day after the record is filed.   |   |                        |
|  |   |   |                        |
| The  | MOVENBER 1 2017   |   |                        |
| The  | NOVEMBER 1 2017   |   |                        |

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Filing Fee: \$25.00