

L17000231964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

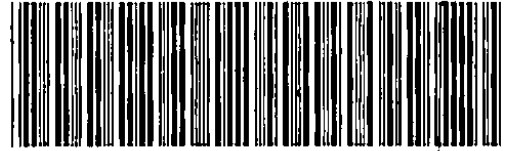
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



00033435652

RECEIVED
TALLAHASSEE, FL
OCT 11 2004

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIVERAS CONSTRUCTION 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:

ADOLFO RIVERA GONZALEZ

Name of Person

RIVERAS CONSTRUCTION SERVICES LLC

Firm/Company

4527 W KNOLLWOOD ST

Address

TAMPA FL 33614

City/State and Zip Code

riveraadolfo3177@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADOLFO RIVERA GONZALEZ

813

5855641

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

TO
ARTICLES OF ORGANIZATION
OF

RIVERAS CONSTRUCTION SERVICES LLC

(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 Liability Company were filed on 11/09/2017 and a
Florida document number L17000231964.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET 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
registered agent and/or the new registered office address here:**

Name of New Registered Agent: ADOLFO RIVERA GONZALEZ

New Registered Office Address: 4527 W KNOLLWOOD ST

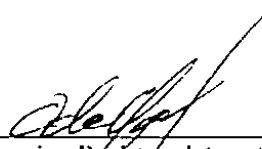
Enter Florida street address

TAMPA, Florida 33615

City *State* *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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab
company has been notified in writing of this change.*


If Changing Registered Agent, Signature of New Registered Ag

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	ADRIAN RIVERA	4527 W KNOLLWOOD ST TAMPA FL 33614	<input type="checkbox"/> A
			<input checked="" type="checkbox"/> R
			<input type="checkbox"/> C
MGR	ADOLFO RIVERA GONZALEZ	4527 W KNOLLWOOD ST TAMPA FL 33614	<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input checked="" type="checkbox"/> C
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char

09/23/2019

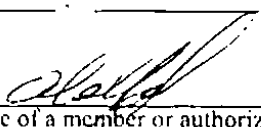
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear
(b) The 90th day after the record is filed.

Dated September.23 2019


Signature of a member or authorized representative of a member

ADOLFO RIVERA GONZALEZ
Typed or printed name of signee