L19 0000 49287

(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



900329284439

05/20/19--01028--027 *+52,50

289 SUNJ3P 3: 28

11 Tr - 11 Tr - 12 Tr

Division of C	orporations	, •	
SUBJECT: D.	ijera Roof	ine LLC	
Nai	ne of Florida Limited Part	nership or Limited Liability	/ Limited Partnership
		•	•
The enclosed Certific	ate of Amendment an	d fee(s) are submitted	for filing.
Please return all corre	espondence concernin	g this matter to:	
Michae	Contact Person Raoting Firm/Company	eS	
	Contact Person		
Riviera	Rastino	1) C	
1110100	Firm/Company		
2152 0	Address FL. 325 ity, State and Zip Code		
	Address		
000000	rl 2)	566	
1 MANSICE	ity, State and Zip Code		
RIVICEA ROW	ting 2019 @	report notification)	
E-mail address: (to	be used for future annual r	ероп пописацов)	
For further information	on concerning this ma	itter, please call:	
Michael La	douceur	at (603) 23 Area Code and Dayt	318038
Name of Contac	it Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check f	or the following amou	int:	
_/	_	_	_
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and
	Status	and contined copy	Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section	••	Registration	= =
Division of Corporati	ions	Division of C	
Clifton Building		P. O. Box 63	27
2661 Executive Center	er Circle	Tallahassee.	FL 32314
Tallahassee, FL 3230	31		

COVER LETTER



June 5, 2019

4 - 1

MICHAEL LADOUCEUR 2153 PUNHAM CT NAVARRE, FL 32566

SUBJECT: RIVIERA ROOFING, LLC

Ref. Number: L19000049287

We have received your document for RIVIERA ROOFING, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a LLLP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00011243

Tracy L Lemieux Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Com	C Rod; O L C Roy appears on our records! 12 A 23	
(A Florida Limited	npany as it now appears on our records: 13 A + 3	
The Articles of Organization for this Limited Liability Compar	my were filed on 02 1194.2019 and assigned	
Florida document number 1.19000049287.	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7/c : 26	
	5 S	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	البيا المالية	
	;· ©	
registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> sere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agen		
	gree to act in this capacity. I further agree to comply with the	

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

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>	<u>Name</u>	Address	Type of Action
MGR	Francis J Gaetani	114 Park Place	
		114 Park Piace Panama City, FL 32405	Remove
			☐ Change
			D Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			🗆 Add
			□ Remove
			Change

(If an ei Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	June 11, 2019
	Signature of a member or authorized representative of a member
	Darchard Thursday
	Michael J Ladque ur Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00