

L 19 0000 64009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 JUN 20 PM 12:09

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIVIR PACK & SHIP 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:

PATEL RIKESH

Name of Person

RIVIR PACK & SHIP LLC

Firm/Company

4255 US HWY 1 SOUTH

Address

SAINT AUGUSTINE , FLORIDA 32086

City/State and Zip Code

RIK.PATEL05@GMAIL.COM

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

For further information concerning this matter, please call:

RIKESH PATEL

904

874-1155

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

FILED

RIVIR PACK & SHIP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JUN 20 P 12: 19

The Articles of Organization for this Limited Liability Company were filed on 03/06/2019 and assigned Florida document number L19000064009.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

RIKESH PATEL

New Registered Office Address:

4255 US HIGHWAY 1 SOUTH

Enter Florida street address

SAINT AUGUSTINE

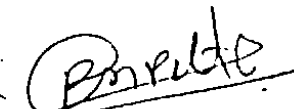
City

Florida 32086

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 comply with 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.

X 

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

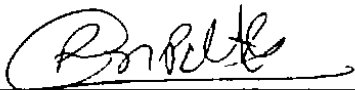
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PATEL BHIKU B	8164 MESSINA DR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if 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 605.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 6TH, 2019.

X 
Signature of a member or authorized representative of a member

PATEL RIKESH
Typed or printed name of signee