Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVIERE GROUP LLC

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Corporate Filing Menu

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TO: Registration Se Division of Cor				
RIVIERE (GROUP ELC			
	Name of Limited	Liability Company	Person Inpany SS Zip Code Line annual report notification) 773-0888	
	•			
The enclosed Articles of	Amendment and fee(s) are submitt	ted for filing.	•	•
Please return all correspo	ndence concerning this matter to t	he following:		
	Cheyenne Moseley			
	****	Name of Person	·	-
	Legalzoom.com, Inc.	· '		
		Firm/Company		•
	101 N Brand Blvd IIth Fl		·	· · .
•	******	Address .		
	Glendale, CA 91203			_
•	(City/State and Zip Code		
	naz.traks5th@gmail.com			
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For further information of	oncerning this matter, please call:		,	
Cheyenne Moseley		800 773-0888	, ,	•
Name o	f Person	Area Code Duytime	Telephone Numbe	r
Enclosed is a check for the	ne following amount:		•	
□ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie Certifie	ate of Status &

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

Page 4 of 6 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVIERE GROUP LLC	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))			
The Articles of Organization for this Limited Liability Company were filed on 0627/2019 and assigned Florida document number L19000168748 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 "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: **Enter Plorida stoxt address** **Enter Plorida Lives** **Choose Plorida Lives** **Choose Plorida Lives** **Provide Lipida Lives** **Provide Lipida					
This amendment is submitted to amend the following:	e, enter the new name of the limited liability company here: Inquishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Indices address, if applicable: Interest A STREET ADDRESS) Indices, if applicable: In a post of the post of the limited Liability Company," the designation "LLC" or the abbreviation "LLC." In a post of the abbreviation "LLC." In a p				
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The new name must be distinguishable and contain the words "Limited Lishili	ty Company," the designation "1.L.C"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		:6 🗧			
Enter new mailing address, if applicable:	<u> </u>				
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	enter the name of the nev			
Name of New Registered Agent:					
New Registered Office Address:	Enter Executive to start at lines				
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Now Portetneed August's Signature if changing Registered Agent;					
I hardby agains the appointment as registered await and agre	performance of my dunes, an provided for in Chapter 605, l	S.S. Or, if this document is			

If amending Authorized Person(s)	authorized to manage,	enter the title,	name,	and addr	ess of each	person	being ad	ded
or removed from our records:	•				··		•	•

MGR = M $AMBR = A$	anager uthorized Member					
Title	Name	• ,		Address	· " .	Type of Action
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e reco	Signature of a member or authorized representative of a member			- · · ·	- .

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Filing Fee: \$25.00