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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

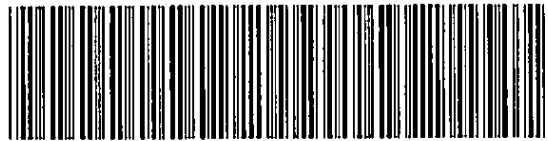
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SENOR FIXIT 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 A RIVERO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1797 NW 150TH BOULEVARD

\_\_\_\_\_  
Address

JONESVILLE, FL 32669

\_\_\_\_\_  
City/State and Zip Code

JOSERIVERO78@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE A. RIVERO

786

999-9529

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SENOR FIXIT 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 07/31/2019 and assigned  
Florida document number L19000195542

This amendment is submitted to amend the following:

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

RIVERO CONSTRUCTION GROUP, LLC

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:

1797 NW 150TH BOULEVARD

**(Principal office address MUST BE A STREET ADDRESS)**

JONESVILLE, FL 32669

Enter new mailing address, if applicable:

1797 NW 150TH BOULEVARD

**(Mailing address MAY BE A POST OFFICE BOX)**

JONESVILLE, FL 32669

**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: JOSE A RIVERO

New Registered Office Address: 1797 NW 150TH BOULEVARD

*Enter Florida street address*

JONESVILLE, Florida 32669

*City*

*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 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**

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE A RIVERO	1797 NW 150TH BOULEVARD	<input type="checkbox"/> Add
		JONESVILLE, FL 32669	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**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.

Dated MARCH 6

2023

Signature of a member or authorized representative of a member

JOSE A. RIVERO, JR.

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 MAR -19 PM 11:34

**Filing Fee: \$25.00**