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COVER LETTER

TO: Registration Division of C				
	RIVIVER CARE LLC			
SUBJECT:	CT: Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filing	3.	
Please return all corre	espondence concerning this n	natter to the following	;:	
Ruslan Kapkayev				
	Name of Person	<u> </u>	•	
R&R CPA Group, LI	.c			
	Firm/Company		-	
11905 NE 2nd AVE	Unit C 201			
	Address		•	
North Miami, FL 331	61			
	City/State and Zip Code		-	
ruslan.kapkayev@gn	nail.com			
E-mail address:	(to be used for future annual	report notification)	-	
For further information	on concerning this matter, plo	ease call:		
Ruslan Kapkayev		772 at {	2269745	
Nar	ne of Person	Area Code	Daytime Telephone Number	
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check	for the following amount:			
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

TO:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. RIVIVER CARE LLC FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: L20000040505 SECOND: Document to be corrected is: Articles Of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected \Box statement are as follows: The name of the limited liability company was incorrectly entered at the time of registration. Please change the name to REVIVER CARE LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are (T as follows: OR \square The electronic transmission of the record was defective. Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: