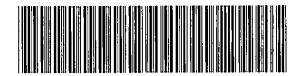
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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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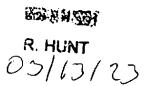
Office Use Only



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COVER LETTER

TO:

| ction porations | | | | | |
|--|--|---|--|--|--|
| CATIONS LLC | · | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| Amendment and fee(s) are sub | mitted for filing. | | | | |
| ndence concerning this matter | to the following: | | | | |
| MARCIUS RIVAS | | | | | |
| | Name of Person | | | | |
| RIVAS VACATIONS LLO | С | | | | |
| | Firm/Company | 762 | | | |
| 5108 ERNST CT | | 7. Can | | | |
| | Address | | | | |
| ORLANDO, FL 32819 | | တ <u>်</u> တက္က P [၂] | | | |
| | City/State and Zip Code | ED PM 4: 02 OF STATE SEE, FL | | | |
| marciusrj@hotmail.com | | | | | |
| | | incation) | | | |
| successing this matter, prease c | | | | | |
| MARCIUS RIVAS | | | | | |
| î Person | Area Code Dayun | ne Telephone Number | | | |
| ne following amount: | | | | | |
| □ \$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 | | ection | | | |
| Division of Corporations | | Division of Corporations | | | |
| | | Tallahassee be Street, Suite 810 | | | |
| | CATIONS LLC Name of Lim Amendment and fee(s) are sub- indence concerning this matter MARCIUS RIVAS RIVAS VACATIONS LLC 5108 ERNST CT ORLANDO, FL 32819 marciusrj@hotmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status Section | Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. MARCHUS RIVAS Name of Person RIVAS VACATIONS LLC Firm/Company 5108 ERNST CT Address ORLANDO. Fl. 32819 City/State and Zip Code marciusrj@hotmail.com E-mail address: (to be used for future annual report not oncerning this matter, please call: Area Code Person at (| | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIVAS VACATIONS LLC | ited Liability Company as it now appe | ears on our records.) |
|--|--|--|
| (<u>1741.10 of the 1741.</u> | ited Liability Company as it now apper (A Florida Limited Liability Company |) |
| The Articles of Organization for this Limited I | Liability Company were filed on _ | 02/11/2020 and assigned |
| lorida document number 1.20000047949 | | |
| his amendment is submitted to amend the fol | lowing: | |
| If amending name, enter the new name | of the limited liability company | <u>here</u> : |
| RIVAS ENTERPRISES LLC | | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| inter new principal offices address, if appli | cable: | - T- W |
| Principal office address MUST BE A STREET ADDRESS) | | سب پر |
| The topic office data ess most be A STRE. | ET ADDRESSY | 7.0 |
| | | 5-15 CO 1 |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | TATE 02 |
| | | FR № |
| . If amending the registered agent and/or gent and/or the new registered office addr | | records, enter the name of the new regi |
| Name of New Registered Agent: | TAX DIRECT INCORPORAT | ED |
| New Registered Office Address: | 5787 VINELAND RD SUITE 2 | 205 |
| non negiments villed Hamelin. | Enter F | lorida street address |
| | ORLANDO | , Florida ³²⁸¹⁹ |
| | 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| or remo- | tu ii oii out records. | | |
|----------|------------------------|--|--|
| MCD - | M | | |
| MGK = | Manager | | |

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | |
| | | | ☐Change |
| | | | — ☐ ☐ ☐ ☐ Add |
| | | | PAI DE Change |
| | | | □ Add |
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| | | | □Add |
| | | | □Remove |
| | | | Change |
| - | | | |
| | | | □Remove |

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

Signature of a member or authorized representative of a member

record is filed.

Dated 3 - 6