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| (Re | questor's Name) | | | |
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COVER LETTER

| TO: | Registration Division of | Section Corporations | | • | | |
|-----------------|--|--|--------------------------------------|--|--|--|
| CITOTE | | Rivas Services LLC | | | | |
| 30096 | SUBJECT: Name of Limited Liability Company | | | | | |
| Dear Si | r or Madam: | | | | | |
| The enc | losed Stateme | ent of Correction and fee(s) a | are submitted for filin | g. | | |
| Please r | eturn all corre | espondence concerning this r | natter to the following | g: | | |
| ANTO! | NIO RIVAS | | | | | |
| | | Name of Person | | - | | |
| | | Firm/Company | | _ | | |
| 9202 D | ALWOOD C | | | ~ | | |
| | | Address | | | | |
| TAMP | A, FL 33615 | | | | | |
| | | City/State and Zip Code | | _ | | |
| VICTO | N6830@GM | AIL.COM | | | | |
| E- | mail address: | (to be used for future annua | report notification) | - | | |
| For furt | her information | on concerning this matter, pl | ease call: | | | |
| ANTO | NIO RIVAS | | 786 ut (| 671-9191 | | |
| | Nai | me 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 | | |
| Enclose | ed is a check | for the following amount: | | | | |
| ≣ \$25 I | Filing Fee | □ \$30 Filing Fee & Certificate of Status | ☐\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy | | |
| CR2E0 | 62 (9/15) | | | | | |

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. FIRST: The name of the limited liability company is: RIVAS & RIVAS SERVICES LLC SECOND: The Florida Document number of the limited liability company is: Document to be corrected is:___NAME OF REGISTERED AGENT 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 statement are as follows: THE RESGISTERED AGENTS NAME IS WRONG THIS IS WHAT APPEARS ON SUNBIZ (ANTONIO S RIVAS) THE S DOESNT BELONG THERE THE AGENT NAME IS (ANTONIO RIVAS) <u>OR</u> 0 Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are <u>OR</u> ⅎ The electronic transmission of the secord was defective. Signature of Authorized Representative 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

Filing Fee:

Certified Copy:

\$25,00

\$30.00 (optional)

CR2E062 (9/15)