120000193149

(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:	

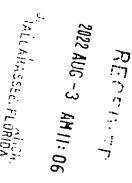




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COVER LETTER

	Registration Sc Division of Cor			
CUDIEC	RIVERA M	AINTENANCE LIMITED LIA	BILITY COMPANY	
SUBJEC	1:	AIN ENANCE LIMITED LIA Name of Limit	ed Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Piease ret	urn all correspo	ndence concerning this matter t	o the following:	
		JAIME RIVERA		
			Name of Person	
		RIVERA MAINTENANCI	LIMITED LIABILITY COMPANY	
			Firm/Company	
		5024 28TH ST SW		
			Address	
		LEHIGH ACRES, FL. 339	73	
			City State and Zip Code	
		GRBOOKKEEPING15(q)Gl E-mail address: ti	MAIL.COM o be used for future annual report notification)	
For furthe	er information c	oncerning this matter, please ca		
JAIME R	UVERA		239 231-8727	
	Name e	f Person	at () Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		
= \$2 50	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
	Mailing Addre Registration Division of O	Section	Street Address: Registration Section Division of Corporations	
	51131011 OF C		izerialan di Corporationa	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 07/07/2014 AFIA Florida document number 120000193149 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: (Muiling 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 Florida street address _, Florida _ City

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 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

Title	Name	Address	Type of Action
AMBR	KENNY VALLADARES MORAL	5024 28THTH ST SW	BAdd
		LEHIGH ACRES, FL, 33973	□Remove
			□ Change
			□Add
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		08/02/2022			
an effective date is liste ote: If the date insc	er than the date of filid, the date must be specific a ted in this block does not late on the Department of	ng:	date of filing or more the statutory filing rec	(optional) an 90 days after filing.) P uirements, this date wi	ursuant to 605.0 ill not be listed
record specifies a de lis filed.	ayed effective date, but n	iot an effective tim	ic, at 12:01 a.m. on th	e carlier of: (b) The	90th day after t
ated AUGUST 02		-/) ====================================	1		
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