Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet To: Division of Corporations Fax Number: (850)617-6383 From: Account Name: RIVEROS CORP. Account Number: (20190000048 Phone: (305)507-8464 Fax Number: (954)533-5988 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVITIAE 1905 LLC Certificate of Status: Certificate of Status: Certificate Copy: Page Count: Estimated Charge: \$25.00		
To:	Division of Corporations	
From:	Account Number : 12019000004B Phone : (305)507-8464	
	Enter the email address for this business ent annual report mailings. Enter only one em	tity to be used for future - Single Single address please.
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor			
CIID Imarra	DIVIT	TAE 1905 LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
		ZULMA RIVEROS	
		Name of Person	
		DIVITIAE 1905 LLC	
		Firm/Company	
		175 SW 7TH ST STE 1905	
		Address	
		MIAMI, FL 33130	
		City/State and Zip Code	
	Samuel address:	CEO@RIVEROSCORP.COM to be used for future annual report no	out(cation)
For further information of	concerning this matter, please c		
ZULMA RIVEROS		786 4395138	
Name o	f Person	Area Code Dayti	me Telephono Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration S	Section
Division of C P.O. Box 63:		Division of C The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVITIAE	1905 LLC									
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)									
The Articles of Organization for this Limited Liability Company	were filed on 10/12/2020	and assigned								
Florida document number L2(YXX)250210										
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 Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."								
Enter new principal offices address, if applicable:										
(Principal office address MUST BE A STREET ADDRESS)										
Enter new mailing address, if applicable:										
(Mailing address MAY BE A POST OFFICE BOX)										
		IAS 28								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20 0 25 25 25 25 25 25 25 25 25 25 25 25 25								
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:		333								
		TO > III								
Name of New Registered Agent:										
2000 411		9								
New Registered Office Address:	Enter Florida street address	*								
	, Floric	· · · · · · · · · · · · · · · · · · ·								
	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 heing 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	BOURELLY, PAOLO	175 SW 7TH ST STE 1905	
		MIAMI, FL 33130	□ Re move
			□ Change
			□ Add
			□Remove
			Change
			□Add
			🗀 Remove
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			Change
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Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	605 0207 : isted as i
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day at rd is filed.	fter the
Dated OCTOBER 12 2020	
Signature of a member or authorized representative of a member	
ZULMA RIVEROS Typed or printed name of signee	

. . . .

Filing Fee: \$25.00