L21000048612

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COVER LETTER

Division of C	Section Corporations			
Rivers I SUBJECT:	Restoration LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Steven Rios			
		Name of Person		
			20 7	
	8000 Via Sardinia Way	Firm/Company	ZI MA	-11
	Storo via Salullia way	Address	TAR A	Same,
	Estero, FL, 33928	Audicos	2021 MAR - 1 PM 3: 04 SECRETARY OF STATE TALL AMASSEE, FL	
		City/State and Zip Code	3: 04 STATE E, FL	
	E-mail address: (to be used for future annual report notif	ileation)	
For further informatic	on concerning this matter, please ca	ali:		
Steven Rios		at (
Nan	ne of Person	at () Area Code Daytime	2 Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div	ALING ADDRESS: sistration Section ision of Corporations Box 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rivers Restoration LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/26/2021 and assigned Florida document number L21000048612 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 815 Consulting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevision "LLC." 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) 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

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida <u>__</u>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□ Add
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Note: If the dat	if other than the date of is listed, the date must be spee e inserted in this block does ctive date on the Departme	s not meet the appu	cable statutory film	(opt fore than 90 days afte g requirements, th	ional) er tiling.) Pe is date wil	rsuant to I not be	605.0207 listed as
ne record spe The 90th d	cifies a delayed effect ay after the record is	tive date, but no filed.	ot an effective t	ime, at 12:01	a.m. on	the ea	rlier o

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Typed or printed name of signee

Filing Fee: \$25.00