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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ISAMAR TORRES Account Number : I20200000137 Phone : (786)660-0108 Fax Number : (305)503-7123

Fax Number

**Enter the email address for this business entity to be used for future

Email Address: onestopsolutionsfl@gmail.com

--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERA COMPANY LLC

annual report mailings. Enter only one email address please. **

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Help

(((H21000074479 3)))

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

(((f121000074479 3)))

Division of Cor	porations		
	OMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jesus Alveiro Rivera Mojio	29	
		Name of Person	
	Oan	u Alveiro Rivera T	Morica
		is Alveiro Rivera T Firm'Company	
	2390 Nw 4th Terrace		
		Address	
	Miami Florida, 33125		
	onestopsolutionsfl@gmail.c	City/State and Zip Code	
		to be used for future annual report no	ntification)
For further information c	oncerning this matter, please of	all:	
		786 5537389	
Name o	n' Person	at ()	me Telephone Number
Enclosed is a check for the	ho following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee,
= 323.00 Hing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MailingAddress:		StreetAddress:	C. Minn
Registration (Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H210000744793)))

RIVERA COMPANY LLC		<u>_</u>		
(Name of the Limited L. (A F	iability Compar lorida Limited L	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>L21000067947</u>	ity Company v	were filed on 02/17/2021	andassigned	
This amendment is submitted to amend the following	<u></u> . ng:			
A. If amending name, enter the new name of the	e limit <u>e</u> d liabi	lity company here:		
RIVERA JA SERVICES LLC				
The new name must be distinguishable and contain the words	"Limited Liabili	ty 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)		2390 Nw 4th Terrace		
		Miami, Florida, 33125		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2390 Nw 4th Terrace Miami, Florida, 33125		
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office a ere:	ddress on our records, <u>enter the</u>	name of the new registere	
Name of New Registered Agent:	samar Torres			
New Registered Office Address:	4167 Nw 135th	St	·	
. TO THE ADMINISTRATION .		Enter Florida street address		
(Opa Locka	, Floric	la 33054	
-	<u> </u>	City	Zip Gode	

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:

MGR = Manager AMBR = Authorized Member (((H210000744793)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus Alveiro Rivera Mojica	2390 Nw 4th Tetrace	🗆 Add
		Miami, Florida, 33125	Remove
			■ Change
			□Remove
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
		<u> </u>	□ Add
			□Remove
			☐ Change
			□Add
(((H2)0	(KK174479 3)))		□Remove
	***		☐ Change

*Paget 6 of 6 (((H210000744793))) D. If amending any other information, enter change(s) here: (Attachadditional sheets, if necessary.)

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E. Effective date, (If an effective date Note: If the da document's effe	if other than the is listed, the date must te inserted in this ble ective date on the De	ock does not mee	et the applicable	nte of filing or more statutory filing	(opti e than 90 days afte requirements, th	ional) r filing.) Pursuant to (is date will not be)	605.0207 (3)(b) listed as the
If the record specific record is filed.	es a delayed effective	e date, but not an	i effective time,	at 12:01 a.m. or	i the earlier of: (I	h) The 90th day a	fter the
Dated February	y 23	·	2021				
		Signafure of a me	Alverro A	Civera Mi d representative q	Ja member	-	
Jesu	is Alveiro Rivera M	ojica					
		1	yped or printed n	unie of signee			•

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