

# L21000400905

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954)389-1333  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVIERA 5502 LLC

|                       |         |
|-----------------------|---------|
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OCT 12 2021

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SUBJECT: RIVIERA 5502 LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

DANIELLA SANTANA

at ( )

Name of Person

Area Code

Daytime Telephone Number

☒ \$25.00 Filing Fee

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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RIVIERA 5502 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
2021 OCT 11 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 09/09/2021 and assigned  
Florida document number L21000400905.

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 "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) \_\_\_\_\_

**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 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 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

((H21000367135 3))

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>        | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|--------------------|-------------------|--|
| AMBR         | DIAZ, MIGUEL ANGEL | 10438 NW 80TH TER | <input type="checkbox"/> Add               |
|              |                    | DORAL, FL 33178   | <input checked="" type="checkbox"/> Remove |
|              |                    |                   | <input type="checkbox"/> Change            |
| AMBR         | DIAZ, MAYRA        | 10438 NW 80TH TER | <input type="checkbox"/> Add               |
|              |                    | 10438 NW 80TH TER | <input checked="" type="checkbox"/> Remove |
|              |                    |                   | <input type="checkbox"/> Change            |
| AMBR         | DIAZ, SUSANA       | 10438 NW 80TH TER | <input type="checkbox"/> Add               |
|              |                    | DORAL, FL 33178   | <input checked="" type="checkbox"/> Remove |
|              |                    |                   | <input type="checkbox"/> Change            |
|              |                    |                   | <input type="checkbox"/> Add               |
|              |                    |                   | <input type="checkbox"/> Remove            |
|              |                    |                   | <input type="checkbox"/> Change            |
|              |                    |                   | <input type="checkbox"/> Add               |
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|              |                    |                   | <input type="checkbox"/> Add               |
|              |                    |                   | <input type="checkbox"/> Remove            |
|              |                    |                   | <input type="checkbox"/> Change            |

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[illegible]

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DIVISION OF CORPORATIONS  
2021 OCT 11 AM 10:17

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 29 2021

Signature of a member or authorized representative of a member

MA YRA DIAZ

Typed or printed name of signee