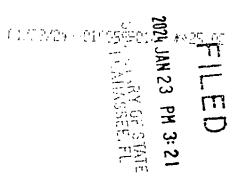
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COVER LETTER

	Registration Se Division of Cor				
		nture Capital, LLC			
SUBJEC	CT:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Kendra J Rivers			
			Name of Person		
		Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Kendra J Rivers Name of Person Riviere Capital, LLC Firm/Company 980 North Federal Highway Suite 110 PMB 1044 Address Boca Raton, FL 33434 City/State and Zip Code kendra.rivers@riviereventurecapital.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (561) 584-2919 Area Code Daytime Telephone Number for the following amount:			
			Firm/Company	 	
		980 North Federal Highwa	y Suite 110 PMB 1044		
			Address		
		Boca Raton, FL 33434		············	
			City/State and Zip Code		
			<u>-</u>	(fination)	
For furth	er information c			псанон	
Kendra J	Rivers		4		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
≅ \$2 5.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
	Division of C	Corporations	Division of Co	rporations	
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riviere Venture Capital, LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our records.</mark>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5/24/2022	and assigned
lorida document number L22000203930		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Riviere Capital, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviat "L.L.C."
Enter new principal offices address, if applicable:	980 NORTH FEDERAL HIGHWAY	S Ti
Principal office address MUST BE A STREET ADDRESS)	SUITE 110 PMB 1044 220]] N 2
	BOCA RATON, FL 33432	m m
nter new mailing address, if applicable:	980 NORTH FEDERAL HIGHWAY 그글	ू अ. अ. २
Mailing address MAY BE A POST OFFICE BOX)	SUITE 110 PMB 1044	n —
	BOCA RATON, FL 33432	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		of the new re
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

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
			□Add
			□Remove
			□ Change
	<u> </u>		□Add
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e: If the date	f other than the ostilisted, the date must inserted in this blo tive date on the De	ck does not me	et the applicab	date of filing or mole statutory filing	re than 90 days a	p tional) fter filing.) Pursua this date will no	nt to 605.020 t be listed a
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