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COVER LETTER

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TO:

Registration Section

Division of Corp	porations			
SUBJECT: RIVA	705 LL(
SUBJECT:	Name of Lim	ited Liability Company	· 	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
			~	
	MARTIN A	Name of Person	2023 FEB 15 SECRETALL	
		Name of Person	CER PER	
	RIVARUS LL			
		Firm/Company		
	M80 N FE	DRRAY HUT 70 Address	PH 1: 25	
		Address	25	
	FORT CAL	DERANA F/_		
		DERDALR FL City/State and Zip Code		
	FARRIA /THRTIN	1 (Oxxx MICUM	CLOVD COM	
	E-mail address: (to be used for future annual report notif	ication)	
For further information e	oncerning this matter, please c	all;		
MARTINI	NOUSTYLI	at ()305 Area Code — Daytim	927 67 35	
Name o	f Person	Area Code Daytim	: Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration : Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632	27	The Centre of T		
Tallahassee,	FL 32314	2415 N. MONTO	e succi, suite orv	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R1V4705	LLC	
(<u>Name</u>	of the Limited Liability Company as it now appears on our records.)	

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
	pany were filed on $\frac{D9/30/2022}{}$ and assigned
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 ADDRES.	<u>(S)</u>
Enter new mailing address, if applicable:	2013 FEB
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new register
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

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>	Name	Address	Type of Action
MGR	PETRA NOVOTNA	Mgo N FEDERAL HULT 705 33304 FORT LAUDERDALIE	XAdd
			□Remove
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Filing Fee: \$25.00