## L23000042486

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: RIVE	ra's Exotic	Wias	
		ited LiabHdy Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	_Lashawr	Name of Person	
	Rivera's F	Exotic Wigs Firm/Company	
	18585 Flagl	er center Blvd	Apt. 5208
	Jackeonvil	City/State and Zip Code	73
	<u>riveraexoti</u> E-mail address: (	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	2: 
Lashaun	NC BIVEYO	at (904) 999 Area Code Daytim	-7935 in a control of the Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		Street Address: Registration Sc	ction
Division of (		Division of Cor	
P.O. Box 633		The Centre of T	
Tallahassee	FI 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIVEROS EXOTIC MIOS LLC

(A Florida Limited Liability Company	ars on our records.			
The Articles of Organization for this Limited Liability Company were filed on 112312023 and assigned Florida document number 123000043486.  This amendment is submitted to amend the following:				
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)	2			
	F11 2			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	T: 08			
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:  Enter Fi	orida 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.

City

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 12585 Flaglar Cantar Blvd	Type of Action
<u>MGR</u>	Lashawnye Aivera	Jacksonville F1,38858 Apt.58	bbA□ <u>8O</u> 8
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cord specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of (b). The 90th day after the
s filed.	201 fam. on the earner of (o) The Four daysarer me
ed April 25th 2083	N.
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Lashownye Rivero Signature of a member or authorized rep	=======================================
Signature of a member or authorized rep	resentative of a member