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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
SUBJECT: RIVER	A SERVICES &	SOLUTIONS L.L.C	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jolio	Gonzalez	
	LIVERA SERV	Mame of Person ICES SOLUTIONS	L.L.C
		Firm/Company	
	6536 Summ	nerwolk 59 Ap-	FA 3
		- Iflorido /32	
		City/State and Zip Code	
	riveraseruice E-mail address: (150412@gmo11.com	cation)
For further information c	oncerning this matter, please ca	all:	
JU10 GO	ontolez	240, 644	1377
Name o	f Person	Area Code Daytime	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)	(additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Sec	tion
Division of C		Registration Sec Division of Corp	
P.O. Box 632	.7	The Centre of Ta	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERA SERVICES & SOLUTIONS L.C.C.
(Name of the Limited Liability Company as it now appears on our records.)

	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23</u> 000072794	y were filed on <u>february</u>	19,2023 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		2			
(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 agent and/or the new registered office address here:	address on our records,	enter the name of the new registered			
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 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
MGB	Julio P Gonzolez	6536 Summercualk Sq AptA	_ 🗆 Add
			_ XRemove
			_ [] Change
MGR	Julio Gonzolez	6536 Summerwolk Sq Apt A	_ X lAdd
			_ 🗆 Remove
			_ □Change
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	e date on the Depar			ic statutory in	ng requaeme	its, tins dat	c wiii ii	or be fistee
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