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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453 Phone Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EFILE1234@INCFILE.COM Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERA GROUP CONSULTANTS LLC

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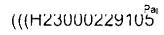
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K. SALY

## **COVER LETTER**



TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

RIVERA GROUP CONSULTANTS LLC SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	<del> </del>	Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report	notification)
or further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON	ON 888-462-3453 at () Tame of Person Area Code Daytime Felephone Number		
Name c	f Person	Area Code Day	time Felephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address Registration	
Registration Section Division of Corporations		Division of C	
P.O. Box 632	27	The Centre of	of Tallahassee

(((H23000229

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILELI Des AUG-3 PHIO: 02

RIVERA GROUP CONSULTANTS LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	$\overline{}$
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/16/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72nd /	Ave Tower I Ste 455 #11586	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 3313	26	
Enter new mailing address, if applicable:	1150 Nw 72nd /	Ave Tower I Ste 455 #11586	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3312	26	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our r	ecords, <u>enter the name of</u>	the new register
New Registered Office Address:	Enter Flor	rida stroet address	
	City	, Florida 	n Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	"my duties, and I am famil Thapter 605, F.S. Or, if the	iar with and is document is
If Cha	nging Registered Ag	ent, Signature of New Registers	d 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
AMBR	Antonio Rivera Fontanez	1150 Nw 72nd Ave Tower I Ste 455 #11586	□Add
		Miami, FL 33126	□Remove
			= Change
<del></del> -		· · · · · · · · · · · · · · · · · · ·	□ Add
			□Remove
		□Change	
<del></del>			122 AUG
		□Remove	
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			□Remove
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Effective date, if other than the than effective date is fisted, the date must be a limit by the date inserted in this by document's effective date on the D	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fi	(optional) i more than 90 days after filing ) Pursuant to 605,0207 () ling requirements, this date will not be listed as th
the record specifies a delayed effective, ord is filed.	e date, but not an effective time, at 12:01 a.u	n, on the earlier of: (b) Fbe 90th day after the
Dated	2023	
	Antoine Ring Signature of a member or authorized representati	nce fortunez
	Antonio Rivera Fontanez	er e

Filing Fee: \$25.00

Exped or printed name of signee