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(((H230003754693)))



H230003754693ABC6

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102

Pnone : (305)799-7633

Fax Number : (305)564-6857

Enter the email address for this business entity to be used for future ಟ್ಟ್ annual report mailings. Enter only one email address please. Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVX SOLAR CONSULTANTS LLC

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October 30, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RCA ACCOUNTING SERVICES CORP

SUBJECT: RIVX SOLAR CONSULTANTS LLC

REF: L23000467462

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the full name of the manager being added.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

FAX Aud. #: H23000375469 Letter Number: 623A00025153

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RIVX SOLAR CONSULTANTS			
(Name of the Lie	nited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	_
The Articles of Organization for this Limited	/10/2023 and	and assigned	
Florida document number L23000467462			
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation	"L.Ļ.Ç."
Enter new principal offices address, if appl		•	2625
Principal office address MUST BE A STRE		- <u>:</u>	
			N
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
			<u></u>
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our reess here: ADRIAN DEZA-SANTOS	ecords, <u>enter the name of the </u>	<u>1cw ręgis</u>
_	15921 CW 141 CT		
New Registered Office Address:	15821 SW 141 CT	ida street address	
	MIAMI		
	City	, Florida 33177 Zto Co.	
New Registered Agent's Signature, if changing	Recittered Agant-	The Co	••

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>	Name	Address	Type of Action
MGR	RIVODO, ANTONIO J	8750 NW 36TH ST. SUITE 550	. ClAdd
	•	MIAMI, FL 33178	•
•			[DChange
MGR	ADRIAN DEZA-SANTOS	15821 SW 141 CT	iii Add
		MIAMI, FL 33177	(TRemove
			DAdd
			CRemove
			Cl Chemge
			UAN
			□Clunge
			©Add
			El Remove
			CiChange
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	ate, if other than	te must be specific a	and cannot be pri or:	to date of filing or more able statutory filing re	(optional) than 90 days after filing equirements, this date	A Pursuant to 605 0202
an effective <u>ote:</u> If the	date is listed, the date inserted in the effective date on the	he Department o	f State's records.	, 0		. Will live be listed to
an effective ote: If the ocument's	effective date on t	the Department o	f State's records.		the earlier of: (b) T	
an effective ote: If the ocument's record spec	effective date on t	the Department o	f State's records.			
an effective ote: If the ocument's record spec- is filed.	effective date on t	fective date, but n	ool an effective tii		the earlier of: (b) T	

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