

L24000117038

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

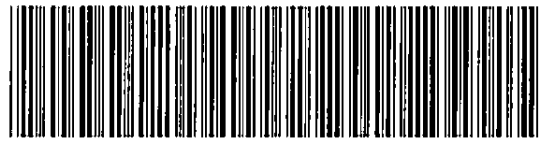
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/25/24--01037--006 \*\*25.00

7/10/24  
KTH

Lena Rivage  
(866) 247 5478  
954 931 8218

Return Address  
1971 Almanda way  
Riviera beach FL 33404

Thank you

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LENA RIVAGE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LENA RIVAGE

\_\_\_\_\_  
Name of Person

LEANA RIVAGE LLC

\_\_\_\_\_  
Firm/Company

1971 ALAMANDA WAY

\_\_\_\_\_  
Address

RIVIERA BEACH FL 33404

\_\_\_\_\_  
City/State and Zip Code

LENA.RIVAGE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENA RIVAGE

954 931-8218  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

LENA RIVAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2024 and assigned  
Florida document number L24000117038.

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 ADDRESS)**

840 SW 81ST AVE SUITE 301M

NORTH LAUDERDALE FL 33068

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1971 ALAMANDA WAY

RIVIERA BEACH FL 33404

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LENA RIVAGE

New Registered Office Address:

840 SW 81ST AVE SUITE 301M

Enter Florida street address

NORTH LAUDERDALE

City

Florida FL 33068

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

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NA

NA

NA

NA

NA

NA

NA

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NA

NA

**E. Effective date, if other than the date of filing: <sup>NA</sup> (optional)**

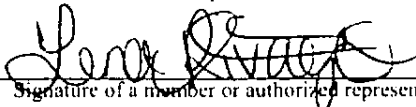
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

6-14-2024



Signature of a member or authorized representative of a member

Lena Rivage

Typed or printed name of signee

**Filing Fee: \$25.00**

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>	<u>Address</u>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
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		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change