## L24000259292

(Requestor's Name)
(Address)
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(Document Number)
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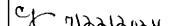
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## **COVER LETTER**

	Registration Se Division of Cor					
enseneza	Riviere Cor	nplete Construction LLC				
SUBJEC	T:Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please re	turn all correspo	ndence concerning this matter t	to the following:			
		Daniel Riviere				
			Name of Person	·		
		Riviere Complete Construc	rtion LLC			
Firm/Company						
		9345 surveyors lake rd				
			Address			
		Bartow Fl 33830				
			City/State and Zip Code			
		Daniel.reconstruction@outl		· · · · · · · · · · · · · · · · · · ·		
			o be used for future annual report noti	fication)		
For furth	er information c	oncerning this matter, please ca	di:			
Daniel R	Riviere		863 255-0764 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	l is a check for th	ne 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)		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Manroa Street Suita 210

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riviere Complete Construction LLC

2024 377 11 PM 5: 49

(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 06-06-2024	and assigned
Florida document number 1.24000259292		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>.</del>
(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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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 rémoved from our records:

MGR = Manager AMBR = Authorized Member

' . <u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Danieł Riviere	9345 surveyors lake rd	
		Bartow Fl 33830	□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			①Change
			□Remove
			□Change
			⊡Add
<u></u>			Add
		·	Remove
			□Change
			□Add
			□Remove

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in effe <u>ote:</u>	tive date, if other than the date of filing:
ecord is file	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 d
ited	6-26-2024
_	

Typed or printed name of signee