



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RIVBOU ECUESTRIAN SERVICES 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:

ALBERTO RIVERO

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

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

5995 130TH AVE SOUTH

\_\_\_\_\_  
Address

WELLINGTON, FLORIDA, 33449

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

RIVBOUECUESTRIANSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

ALBAERTO RIVERO

561 5021235  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**Street Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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 07/15/2024

Alberto Rivera

Signature of a member or authorized representative of a member

ALBERTO RIVERO

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L24000305240  
FILED 8:00 AM  
July 09, 2024  
Sec. Of State  
dsultana**

**Article I**

The name of the Limited Liability Company is:

RIVBOU ECUESTRIAN SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5995 130TH AV SOUTH  
WELLINGTON, FL. US 33449

The mailing address of the Limited Liability Company is:

5995 130TH AV SOUTH  
WELLINGTON, FL. US 33449

**Article III**

The name and Florida street address of the registered agent is:

ALBERTO RIVERO  
5995 130TH AV SOUTH  
WELLINGTON, FL. 33449

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALBERTO RIVERO

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ALBERTO RIVERO  
5995 130TH AV SOUTH  
WELLINTGON, FL. 33449 US

Title: AMBR  
MARIA A BOU NASR INNAMORATO  
5995 130TH AV SOUTH  
WELLINGTON, FL. 33449 US

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**Article V**

The effective date for this Limited Liability Company shall be:

07/08/2024

Signature of member or an authorized representative

Electronic Signature: ALBERTO RIVERO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.