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COVER LETTER

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TO: Registration So Division of Con			
	ECUESTRIAN SERVICES LL	C *	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALBERTO RIVERO		
		Name of Person	
		Firm/Company	
	5995 130TH AVE SOUTH	1	
		Address	
	WELLINGTON, FLORID	A,33449	
		City/State and Zip Code	
	RIVBOUECUESTRIANSE	-	-
For further information of	eoncerning this matter, please c	to be used for future annual report noti all:	nication)
ALBAERTO RIVERO		561 5021235	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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		Street Address:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVBOU ECUESTRIAN SERVICES LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000305240}{L24000305240}$.	were filed on <u>07/08/2024</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
RIVBOU EQUESTRIAN SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	2415 N. Monroe Street, Suite 810 Tallaha	ssec FL 32303	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:	P.O. Box 6327 Tallahassee, FL 32314	: :	
(Mailing address MAY BE A POST OFFICE BOX)			
		C ,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		or the new registeree	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr 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 my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is	
If Cha	nging Registered Agent, Signature of New Regi	stered Agent	

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	07.115/2024
Effect	ive date, if other than the date of filing: 07/15/2024 (optional) fective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	nent's effective date on the Department of State's records.
e recor rd is fi	d 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 led.
Dated	07/15/2024
	HLENTO LiverD
	Signature of a member or authorized representative of a member
	Alderto Rivero. Signature of a member or authorized representative of a member

Electronic Articles of Organization For Florida Limited Liability Company

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

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

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.

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