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COVER LETTER

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	stration Se ion of Cor			
	Rivendell (Consulting LLC		
SUBJECT: _		Name of Lin	nited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Frederick Kreusch		
			Name of Person	
			Firm/Company	
		14022 Passage Way		
			Address	
		Seminole, FL 33776		
		frederickkreusch@gmail.	City/State and Zip Code .com	
Confirmation in F			to be used for future annual report no	dification)
Nina Kreusch		oncerning this matter, please c		
Nina Kreusci			727 288-3509 ar()	
	Name of	Person	Atea Code Dayti	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fil	ing 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)
	ng Address		Street Address:	agrica
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Talla	hassee, F	T. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rivendeli Consulting LLC		
(<u>Name of the Limited Liability (</u> (A Florida Fir	Tompany as it now appears on our rec mited Liability Company)	ord <u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000361771</u> .	npany were filed on 08/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	J.C." or the abbreviation "L.J. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		Pi :
Enter new mailing address, if applicable:		10 10
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, ent	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida sireet ade	bess
		Florida
	Спу	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 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	<u>Address</u>	Type of Action
MGR	Nina Kreusch	14022 Passage Way, Seminole, FL 33776	□Add
			®Remove
			□Change
MGR	Frederick Kreusch	14022 Passage Way, Seminole, FL 33776	D Add
			□Remove
			TChange
			⊒Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	⊟Change
		7. 71. 50. 77.	日 - 日 Add 7 1
			U1 4- ☐Remove
			□Add
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the sole MGR, owner, and Registered Agent of Rivendell Cons	sulting LLC	
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tive date, if other than the date of filing:	(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filling. If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuar vy filing requirements, this date will not	ido o05 bellist
ment's effective date on the Department of State's records.	2 many very marketing that the large	1 6 11,010
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.ni. on the earlier of: (b) The 90th d	ay afte
August 26th 2024		
Signature of a member or authorized represe		

Typed or primed name of signee