

L24000462817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

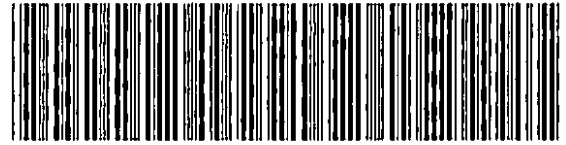
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SEC. OF STATE  
TALLAHASSEE, FL 32301

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: River title Company, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tatiana del Rio  
Name of Person

Firm/Company

15323 NW 90 Ave  
Address

Miami Lakes, FL 33018  
City/State and Zip Code

Tatiana.del.rio@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatiana del Rio at ( ) 305-308-6399  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

River Tite Company, LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/31/2024 and assigned  
file document number L24000462817

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

River Tite, LLC

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 office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

15323 NW 90 Ave  
Miami Lakes, FL 33018

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

N/A

6. 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:

N/A

New Registered Office Address:

N/A

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 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

~~R~~ = Manager  
~~BR~~ = Authorized Member

**BR = Authorized Member**

[illegible]

[illegible]

**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.

Dated November 13, 2024

4.

Tatiana del Rio

Typed or printed name of signee