

4/6/22, 10:01 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**M20000125169306514**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RIVIAN FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 APR -6 AM 11:19

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 APR -6 AM 9:45

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Rivian Florida, LLC

Enter new principal office address, if applicable: No Change

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

No Change

2. The Florida document number of this limited liability company is: M20000006514

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/28/2020

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

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 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chief Executive Officer & President	Robert J. Scaringe	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Chief Financial Officer & Treasurer	Claire McDonough	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
General Counsel & Secretary	Neil Sitron	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Vice President & Chief Growth Officer	Jiten Behl	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Vice President & Chief People Officer	Helen Russell	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
Vice President & Executive Vice President, Facilities	James Knauf	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Neil Sitron, General Counsel

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**