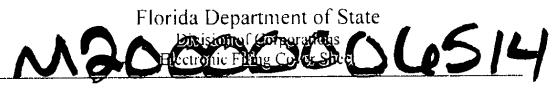
4/6/22, 10:01 AM

Division of Corporations



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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 : (614)573-3996 Fax Number

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

Email	Address:			
こいタイナ	AUUI COO.	 	 	

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

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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)

	No Change
Enter new principal office address, if applicable:	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address)	No Change
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited li	ability company is: M20000006514
3. Jurisdiction of its organization: Delawate	
<ol> <li>Date authorized to do business in Florida: 7/28</li> </ol>	8/2020
SECTION II (5-9 complete only the applicable	changes)
<ol> <li>New name of the limited liability company: (mu</li> </ol>	st contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
copy of the written consent of the managers or manager	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name of the control of the cont
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
	<u> </u>
New Registered Office Address:	Enter Florida Street Address Fire Fig. Florida

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.

From: Kaity Toon

8. If the amendn	nent changes person, title or capa	icity in accordance with 605.0902(1)(e), indicate that	change:
Title/ Capacity	Name	Address	Type of Action
Third Executive Officer g t <u>esident</u>	Robert J. Searinge	14600 Myford Road, Irvine, CA 92606	<b>\(\overline{\text{Add}}\)</b>
			□Remo
hei Financial Officer : re <u>astrer</u>	Claire McDonough	14600 Myford Road, frvine, CA 92606	Āďd
			□Remo
General Counsel & Secretary	Neil Sitron	14600 Myford Road, Irvine, CA 92606	⊟'A'dd
			□Remo
Vice President & Chief Growth Officer	Jiten Behl	14600 Myford Road, Irvine, CA 92606	<b>=</b> Ädd
			□Reme
Vice President & Chief People Officer	Helen Russell	14600 Myford Road, Irvine, CA 92606	<b>=</b> Add
e Prosident & curive Vice President, thires	James Knauf	14600 Myford Road, Irvine, CA 92606	
aforemention	certificate, if required: no more add amendment(s), duly authentinder the law of which this entity		□Rem
	Cian	rature of the authorized representative	