

M21 0000 11690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

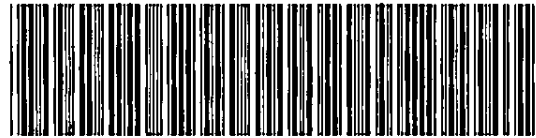
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/21--01034--001 **25.00

2022 FEB -9 PM 1:09
FILED
MAR 1 2022

O SIMMONS

MAR 23 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2022

PAUL DORSEY
13250 N. HAGGERTY ROAD
PLYMOUTH, MI 48170

SUBJECT: RIVIAN AUTOMOTIVE, LLC
Ref. Number: M21000011690

We have received your document for RIVIAN AUTOMOTIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 422A00001149

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

2022 FEB -9 AM 8:02

SUBJECT: Rivian Automotive, LLC

Name of Foreign Limited Liability Company

SECRET
TALLAHASSEE, FL

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Dorsey

Name of Person

Rivian Automotive, LLC

Firm/Company

13250 N. Haggerty Road

Address

Plymouth, MI 48170

City/State and Zip Code

legal@rivian.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Dorsey

at (734) 730-8623

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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 Automotive, LLC

Enter new principal office address, if applicable: 14600 Myford Road

(Principal office address
MUST BE A STREET ADDRESS)

Irvine, CA 92606

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

13250 N. Haggerty Road

Plymouth, MI 48170

2. The Florida document number of this limited liability company is: M21000011690

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/02/2021

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

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>
CEO & President	<u>Robert J. Scaringe</u>	<u>14600 Myford Road</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92606</u>	<input type="checkbox"/> Remove
CFO & Treasurer	<u>Claire R. McDonough</u>	<u>14600 Myford Road</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92606</u>	<input type="checkbox"/> Remove
Chief Growth Officer	<u>Jiten Behl</u>	<u>14600 Myford Road</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92606</u>	<input type="checkbox"/> Remove
Chief People Officer	<u>Helen A. Russell</u>	<u>14600 Myford Road</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92606</u>	<input type="checkbox"/> Remove
EVP, Product & Programs	<u>Nicholas Kalayjian</u>	<u>14600 Myford Road</u>	<input checked="" type="checkbox"/> Add
		<u>Irvine, CA 92606</u>	<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

Typed or printed name of signee

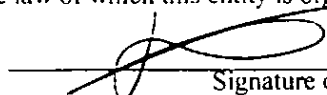
Filing Fee: \$25.00

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO & P	Robert J. Scaringe	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
CFO & T	Claire McDonough	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Chief Grc	Jiten Behl	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Chief Peo	Helen Russell	14600 Myford Road, Irvine, CA 92606	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Executive	Nick Kalayjian	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

Typed or printed name of signee

Filing Fee: \$25.00