P14000098591

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Emity Name)
(Document Number)
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DEC 2 1 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RIVACALLA INC			
DOCUMENT NUMBER: P14	000098591			
The enclosed Articles of Amend	ment and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
CARLOS	S E EGUILUZ PORTI	JGAL		
	·	Name of Contact Po	erson	
RIVACAL	LA INC			····
17342 N	W 74 AVE UNIT 202	Firm! Company	;	
1704214		Address		
HIALEAH	H, FL 33015			
		City/ State and Zip (Code	
. carlosegu	uiluz70@gmail.com			
E-ma	il address: (to be used	for future annual re	port notification)	
For further information concerni	ng this matter, please c	eall:		
	-			
CARLOS E EGUILUZ PORTU	JGAL 	at ()	
Name of Contact	rerson	Area	718 5737 Code & Daytime Telephone Department of State:	Number
Enclosed is a check for the follow	wing amount made pay	rable to the Florida l	Department of State:	
	3.75 Filing Fee & Ertificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& □\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection orporations	An Div Th 24	reet Address nendment Section vision of Corporations de Centre of Tallahassee 15 N. Monroe Street, Suite llahassee, FL 32303	: 810
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is t	to be r	em oved	X *	

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Letter Number: 620A00016103

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2020

CARLOS E. EGUILUZ PORTUGAL 17342 NW 74 AVE UNIT 202 HIALEAH, FL 33015

2ND MAILING

SUBJECT: RIVACALLA INC Ref. Number: P14000098591

We have received your document for RIVACALLA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II



August 23, 2020

CARLOS E. EGUILUZ PORTUGAL 17343 NW 74 AVE UNIT 202 HIALEAH, FL 33015

SUBJECT: RIVACALLA INC Ref. Number: P14000098591

We have received your document for RIVACALLA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 620A00016103

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of the polygon will be and

Articles of Amendment to Articles of Incorporation of

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(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dej	pt. of State)
P14000098591			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation (adopts the following amendm
A. If amending name, enter the new n	ame of the corporation:		
			The nev
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,	Corp." Inc." or "Co"	A professional corporation .	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			<u> </u>
C. Enter new mailing address, if appl			D. C.
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)	 	
D. If amending the registered agent ar	nd/or revistered office add	tress in Florida, enter the na	ume of the
new registered agent and/or the ne			une or the
Name of New Registered Agent	CARLOS E EGUILUZ F	PORTUGAL	
	17342 NW 74 AVE UNI	T 202	
	(Florida si	rcet address)	
New Registered Office Address:	HIALEAH		33015 . Florida
neg merew cynee ridwess.		(City)	(Zip Code)
N 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.
	A NAM	7/	
×	Mod Bou	kus	
 /,	_ signature of Nerv 1	Registered Agent, if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V, T. a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	CARLOS E EGUILUZ PORTUGAL	17342 NW 74 AVE UNIT 202
Add			HIALEAH, FL 33015
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramovo			

(Attach additional	ding additional Art sheets, if necessary).	(Be specific)			
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If an amandment	provides for an exch	anna vosloveitioni	dan an aumaallat	ومحاه لمستوا والمحاد	
nrovisions for im	plementing the ame	ndment if not con	tained in the am	<u>лоп от issueu snage:</u> andment itself:	<u>s</u> .
(if not applica	ible, indicate N/A)	agment it not con	tamen in the am	endment itsen.	
14 4 F					
				.,	
	<u></u>		***************************************	·	
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	·				

The date of each amendment(s)	adoption:	, if other th
date this document was signed.	07/10/2020 · ·	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for t sufficient for approval.	the amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/10/20 Dated Signature	Carlobustus	
(By a selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, trusto inted fiduciary by that fiduciary)	
	CARLOS E EGUILUZ PORTUGAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	