## P150000 60490

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Rivers Harketing, Inc.	
DOCUMENT NUMBER: P5000060490	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jessica Rivera	
Name of Contact Person	
Rivera Harketing Inc. / Registered Agen	1
3496 Palomino DR.	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (56) 28-3656  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee See Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee S43.75 Filing Fee See Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee See Certificate of Status (Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Rivera Harketing Inc	
Rivera Harketing, Inc.	as currently filed with the Florida Dept. of State)
750CCC6C49C	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the cor	poration:
NIA.	The n
name must be distinguishable and contain the word "cor". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbreve	poration," "company," or "incorporated" or the abbreviation "Corporation". A professional corporation name must contain the waitation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	NIA NIA
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX	nIA
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	MIIT
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	Wire of New Registered Agent, if changing
Signat	ure of New Registered Agent, if changing
Charle if applicable	

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. 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. There is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	2	Jessica Snape	3194 Palomino Dr
Add			Lake worth FL.33462
Remove  2) Change	?	Sandra Rivera	3494 Palemino Dr.
Add			Lake worth FL 33-16
Remove 3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if ne	ional Articles, enter cha cessary). (Be specific)			
	NIF	7		
	MII	1	···	
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f an amendment provides f	or an exchange, reclassi	<u>fication, or cancellatio</u>	n of issued shares,	
provisions for implementin	g the amendment if not	contained in the amen	dment itself:	
(if not applicable, indica		$\wedge$		
	NI	14		
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		<u>.                                    </u>	<del>-</del>	

The date of each amendment(s date this document was signed.	doption:, if other than
Effective date if applicable: _	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were must be separately	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes of	for the amendment(s) was/were sufficient for approval
by	•
0 <u>y</u>	(voting group)
Dated	19/2020_
Signature	A. C. mayl
(By	irector, president or other officer - if directors or officers have not been
	d by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)