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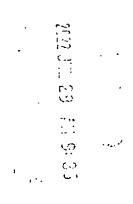
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Riviera	Trucking	Mia	Inc	
DOCUMENT NUMBER:	P1900	0040852			
The enclosed Articles of Amendi	ment and fee are sul	omitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:			
		0.1	ı		
	Serem	Name of Contact	Person		
		Maine of Contact i	CISON		
	Seremian	Service Firm/ Compa	<u> </u>	orp	
		(x. luno			
	<u> </u>	Address	<u> </u>		
	Coral	Gables, F	-6.	33134	
		City/ State and Zip	Code	•	
	Jeremy Haddress (to be us	@ Jeremikh	h Servi	ice Corp. van	
For further information concerning			36)	<u>800 - 1032</u> Daytime Telephone Nu	202
Name of Contact	Person	Are	ca Code &	Daytime Telephone Nu	mber ?
Enclosed is a check for the follow	ving amount made p	payable to the Florida	a Departme	ent of State:	
	3.75 Filing Fee & tificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	(1) (2) (3) (4) (5)
Mailing Addre			treet Add		
Amendment Se Division of Co	Amendment Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, Fi			lonroe Street, Suite 81) , FL 32303	J	

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Articles of Amendment to Articles of Incorporation of

Riviera	Trucking M.	14 I	- OC the Florida Dept. of State		
(Name of	Corporation as currently	filed with	the Florida Dept. of State	<u> </u>	
P19	000040852				
	(Document Number of	Corporation	on (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Pro	fit Corporation adopts the	following ame	ndment(s) to
A. If amending name, enter the new nam	ie of the corporation:				
				The	new
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association." or	rp," "Inc," or "Co". A	ompany," o profession	or "incorporated" or the ab nal corporation name mus	breviation "Co	orp., ''
B. Enter new principal office address, if					
(Principal office address <u>MUST BE A STR</u>	(EET ADDRESS)				
		_			
C. Enter new mailing address, if applica					
(Mailing address <u>MAY BE A POST OF</u>	'FICE BOX				_
					
				232	
D. If amending the registered agent and/new registered agent and/or the new r			ida, enter the name of the	br) ; "; ; "	. 0
			ct	Ü	
Name of New Registered Agent	Serving 100	- 41100	<u></u>	 :	: :
	230 NW	et address)	ive		2
		er addressy		72126	ာ က
New Registered Office Address:	Minn.	(City)	, Florida	(Zip Code)	
				(,	
New Registered Agent's Signature, if cha			I III a CI		
I hereby accept the appointment as registered	ed agent. I am familiar w	ith and acc	rept the obligations of the p	osition.	
			7	-	
	Signature of New Re	gistered Ag	gent, if changing		
Check if applicable					
☑ The amendment(s) is/are being filed purs	suant to s. 607.0120 (11) (6	e), 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Caridad Fernandez	3480 NE Znd Stree
✓ Add			Homestrad, FL 33033
Remove			<u>USA</u>
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change		_	<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ad	ng or adding addition ditional sheets, if neces	sary). (Be specific)			
				-	
			 -		<u></u> .
	 				
	•				
					_
	•				
				•	
f an ame	ndment provides for a	n exchange, reclassi	fication, or cancella	ation of issued sha	res,
provision	s for implementing th	ie amendment if not	contained in the ar	mendment itself:	_
(if no	ot applicable, indicate l	V/A)			
	<u> </u>				
					
					

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the ste's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the ine action was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
	narcholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	
by(voting	group)
Dated	
2	
Signature (By a director, preside	nt or other officer - if directors or officers have not been
selected, by an incorp	orator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by	
	UL RIUBLTD
(T ₎	ped or printed name of person signing)
Pa	esident
———(Ti	le of person signing)