## P19000094689

(Re	questor's Name)	
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SECRETARY OF STATE OF

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RIVERSAND GO	LFVIEW CORP			
	BER: P19000094689				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Camilo Sanchez				
		Name of Contact Person	1		
	Riversand Golfview Corp				
	Firm/ Company				
	63 Fanshaw B				
	Address				
	Boca Raton, FL 33434				
	City/ State and Zip Code				
	premierforceservices@gmail.	.com			
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call: at (_305	450-0431		
Name	of Contact Person		de & Daytime Telephone Number		
	or the following amount made		·		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

D	11	/FP	CA	ND	വാ	FV	IFW.	CORP
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(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000094689	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>H</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	at addrass)
New Registered Office Address:	. Florida City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	CEO	ANA MARIA SAENZ	7000 Island Boulevard, Suite 2104
X Add			Aventura, FL 33160
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additi</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
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	<del></del>
f an am <u>endr</u>	ment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	or implementing the amendment if not contained in the amendment itself: pplicable, indicate N/A)
(ij not aj	ppricable, malcare 1971)
<u> </u>	
••	
<del></del>	<del></del>

The date of each amendment(s) ado	July 17, 2022	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(sticient for approval.	)
• •	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 27, 2022 Dated		
Signature(By a dire	ector, president or other officer/- if directors or officers have not been	
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
C	amilo Sanchez	
_	(Typed or printed name of person signing)	
S	ecretary	
<del>-</del>	(Title of person signing)	