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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RIVMAN CORO	NA ENTERPRISES, INC.	 _				
DOCUMENT NUM	D20000030437						
The enclosed Articles	of Amendment and fee are su	abmitted for filing.					
Please return all corre	spondence concerning this ma	atter to the following:					
	DIANA RAVE						
	Name of Contact Person						
	RIVMAN ENTERPRISES, INC.						
		Firm/ Company					
	11050 SW 46TH STREET						
	Address						
	MIAMI, FL 33165						
		City/ State and Zip Cod	e				
	d.rave@rivmanenterprises.co	om					
	E-mail address: (to be u	sed for future annual report	notification)				
For further informatic	on concerning this matter, plea	se call:					
	3						
DIANA RAVE		at () 904-8893 de & Daytime Telephone Number				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
S35 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RIVMAN CORONA ENTERPRISES, INC.	
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P20000030437	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
RIVMAN ENTERPRISES, INC.	_ The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>N/A</u>
D. If amending the registered agent and/or register- new registered agent and/or the new registered of	
Name of New Registered Agent	
NA	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
/	am familiar with and accept the obligations of the position.
Signa	ture of New 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, 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> <u>Joh</u>	<u>John Doe</u>				
X Remove	<u>V</u> <u>Mil</u>	Mike Jones				
_X Add	<u>SV</u> <u>Sal</u>	ly Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	CEO,C	CHARLES RIVMAN	11050 SW 46TH STREET			
X Add			MIAMI, FL 33165			
Remove			<u> </u>			
2) X Change	COO,D	DIANA RAVE	11050 SW 46TH STREET			
Add			MIAMI, FL 33165			
Remove 3) Change	VPD	BARBARA CORONA	11545 PIN ÖAK TRAIL			
Add			JACKSONVILLE, FL 32225			
X Remove						
4) Change		~ ~~~~	· -			
Add						
Remove						
51 Change						
Add						
Remove						
6) Change			·			
Add						
Remove						

E. If amending or (Attach addition	adding additional in a sheets, if necessar	Articles, enter cha v). (Be specific)	inge(s) here:			
						- -
/ <u>//</u> _						
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+ +-	-		<u> </u>	_ _ ,		
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***	·					
						
			 -			
. If an amendme	nt provides for an e	xchange, reclassi	fication, or canc	ellation of issued	shares,	
provisions for	implementing the a licable, indicate N/A)	mendment if not	contained in the	amendment itsel	<u>f:</u>	
N/A				-		
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The date of each amendment(s) adoption: _______, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s). "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) (By a director, 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 appointed fiduciary by that fiduciary) DIANA RAVE (Typed or printed name of person signing) Director

(Title of person signing)