## 721000067461

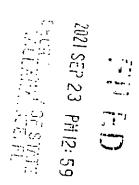
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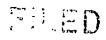
**TO:** Amendment Section Division of Corporations

, r

NAME OF CORPOR	ATION:	CORP			
DOCUMENT NUMB	P21000067461 ER:		<del></del>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ALBERTO ANZELLINI				
-	-	Name of Contact Persor	1		
	4581 WESTON RD 299	Firm/ Company			
-	Address WESTON FL 33331				
-		City/ State and Zip Code	?		
	AANZELLINI@GMAIL.CC	DM .			
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALBERTO ANZELLINI		786 at (	2195013		
Name o	f Contact Person	Area Code & Daytime Telephone Nun			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi: P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee FL 32314	Amend Divisio The C	Address Iment Section In of Corporations In the control of Tallahassee In Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



RIVERTEC S.A. CORP

(Name of Corporation as currently	iled with the Florida Dent cof State)	PH 12: 59
P21000067461		
(Document Number of C	orporation (if known)	# \$1878 [28] F
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the foll	owing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular and a properties of the abbreviation "P.A."	npany," or "incorporated" or the abbre professional corporation name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS )		
		· <del></del> · ·
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	<u> </u>
	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the posi-	tion.
The co, accept the appointment as egulie en agent a majuration	, and the second	
<u></u>		
Signature of New Reg	istered 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	<u>Tiţle</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	D	RAFAEL A RIVERO IRIBARREN	1217 ANDORA AV
1) Change			CORAL GABLES FL 33146
Add			
Remove	P	ALBERTO ANZELLINI	4581 WESTON RD 299
2) Change X Add		<del>-</del>	WESTON FL 33331
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	_			
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<u>-</u> .	<del></del>	<del> </del>			
				<u>.</u>	
an amendment provides for an excl	hange reclassif	ication, or cane	ellation of issu	ied shares.	
orovisions for implementing the amo (if not applicable, indicate N/A)	endment if not o	contained in the	amendment i	itself:	
(у ти ирушешне, такие так)					
					<u> </u>
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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 document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
09/14/20	21	
Dated		
Signature	The state of the s	
selec	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other nted fiduciary by that fiduciary)	
	RAFAEL A RIVERO IRIBARREN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del>_</del>