## 729918

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2021 JUL 19 PHI2: 43
SECRETARY OF STATE

A. Buller

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RIVEYSIDE AVOIDANT DVESEY VATION INC. DOCUMENT NUMBER: 1729918 The enclosed Articles of Amen Iment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shannon Blankfinskyp at 904-389-2449 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \beta 43.75 Filing Fee & B43.75 Filing Fee & Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee Certificate of Status

Certified Copy

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## Articles of Amendment

to Articles of Incorporation of FILED

_ Riverside Avandate P	reservation 2021 JUL 19 PM 12: 44
(Name of Corporation as currently filed with the Florida De	ept. of State)
729918	SECRETARY OF STATE TALLAHASSEE, FL
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>.n.:</u>
	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
1	
-	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u>-</u>	
D. If amending the registered agent and/or registered office	addrage in Classida and the second Cabo
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent: Sharn	non Blankinship
2423	3 Herschel St.
New Registered Office Address:	(Florida street address)
lacks	22204
JACK	MVIIIC Florida 37204 (Circ) (Zip Code)
Now Designation of Large Company of Large Designation	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. (Lam fami	gent: liar with and accept the obligations of the position.
	3000
$\bigcirc$	tuture of New Registered August if changing

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 X Remove X Add	PT John E V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>ED</u>	warren Jones	1355 Challen Ave Jackschville, FL 3220
Remove  2) Change Add	ED	Shunnon Blankinship	1071 Talbot Ave Jacksonville, FL 3220S
Remove 3 ) Change Add Remove			
4) Change Add	<del>-                                    </del>		
Remove 5) Change Add	<u> </u>		
Remove 6) Change Add	<u> </u>	<del></del>	
E. If amending or additional she	ing additional Art rets, if necessary).	ticles, enter change(s) here:  (Be specific)	
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The date of each amendment() date this document was signed.		, if other than the		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
ar a gran a company	· }			
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)				
The amendment(s) was/we was/were sufficient for app	ire adopted by the members and the number of votes east for the amendment(s) foval.			



There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

Soard Chair Kiverside-Avandale Kreservation.
(Title of person signing)