

L05000101139

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Riviera Nursing & Rehabilitation Center, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann B. Miller

(Name of Person)

Keith & Associates, LLC

(Firm/Company)

5710 Wooster Pike, Suite 212

(Address)

Cincinnati, Ohio 45227

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann B. Miller

(Name of Person)

at (**513**) **287-8613**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 NOV 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

New Riviera Nursing & Rehabilitation Center, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on October 13, 2005 and assigned document number L05000101139.

SECOND: This amendment is submitted to amend the following:

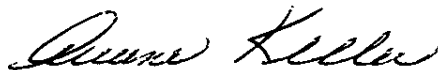
To delete Article V in full and to correct and replace Article V as follows:

Article V - Manager(s) or Managing Member(s):

The name and address of each Manager is as follows:

| | |
|-------------------------------------|-----------------------------------|
| <u>Arleene Keller, Manager</u> | <u>Richard E. Stacey, Manager</u> |
| <u>5710 Wooster Pike, Suite 122</u> | <u>899 NW 4th Street</u> |
| <u>Cincinnati, Ohio 45227</u> | <u>Miami, Florida 33128</u> |

Dated 6/10/13, 2007.



Signature of a member or authorized representative of a member

Arleene Keller

Typed or printed name of signee

Filing Fee: \$25.00