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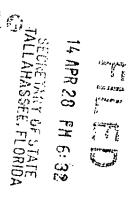
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. SINVERS MAY 0 1 2014

COVER LETTER

TO: Registration Sec Division of Corp SUBJECT: Sever	orations nth Street, LL0		
SUBJECT: Sever			
SUBJECT:			
		ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John T. Loos	S	
		Name of Person	
	Seventh Stre	eet, LLC	
		Firm/Company	
	1815 Cordov	va Road, Suite 2	10
	.	Address	
	Fort Lauderd	dale, FL 33316	
		City/State and Zip Code	
		rstlauderdale.com to be used for future annual report notifi	ication)
Confinther information on	·	·	cationy
	ncerning this matter, please ca		
Megan Ram	าดร	$\frac{1}{\sqrt{\frac{954}{\text{Area Code}}}} \frac{522-48}{\sqrt{\frac{954}{\text{Daytime}}}}$	500
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (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

Seventh Street, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records, mited Liability Company))
The Articles of Organization for this Limited Liability Com	npany were filed on 01/12/2009	and assigned
Florida document number L0900003363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
River's Edge, LLC		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	والاسي المداسي المداسي
		No -
Enter new mailing address, if applicable:		PR H
(Mailing address MAY BE A POST OFFICE BOX)		\(\sigma_{ij}\) \(\sigma_{ij}
		T 3 [7]
		C o man
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records,	enter the name of the nev
egistered agent under the new registered office address	<u></u>	
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida street address	
	F1.	.d.a
		rida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

Name	<u>Address</u>	
	Address	Type of Action
	- 	□ Remove
		
		Add
		□ Remove
	-	
		€ □ Remove
	· · · · · · · · · · · · · · · · · · ·	14 APR 28 FN 6532 SECTION STATE ALLAHASSEE, FLORIDA
	بار ش ن	Add F
		Remove STANIE
		□ Add
		. □ Remove
		□ Remove

.I #III	ending any other information, enter change(s) here: (Altach adaitional sheets, if necessary.)
The ef	tive date, if other than the date of filing:
Dated	2014
	() All lass
	Signature of a member or authorized representative of a member
	/ John T. Loos
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 APR 28 PH 6: 32
SECNEDARY OF STATE
JACLAHASSEE, FLORING