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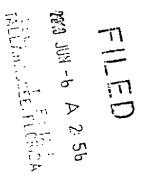
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COVER LETTER

DIVISION OF CO	rporations				
	Heights Holdings I, LLC				
SUBJECT:	Name of Limi				
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Carrie Christino				
	· · · · · ·	Name of Person			
	Soho Capital, LLC				
		Firm/Company			
	701 S Howard Ave Ste 106	5-322			
		Address			
	Tampa, FL 33606				
		City/State and Zip Code			
	Carrie@soho-capital.com			ક ્રેર્ટ	
	E-mail address: (1	to be used for future annual report notifi-	cation)	هنة . يب .	
For further information	concerning this matter, please ca	ill:	:	الله الله الله الله	1
Carrie Christino		813 557-4901		, .	一二三
Name	of Person		Telephone Number	A 2:56	
Enclosed is a check for t	the following amount:			7.	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cor	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

Riverside Heights Holdings I, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/13/2012 and assigned Florida document number | L12000117282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amend	ing Authorized Person(s) authorized to ma ed from our records:	anage, enter the title, name, and address o	f each person being add
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Signatu	re of a member of	or authorized repr	esentative of a men	ibur		

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Filing Fee: \$25.00