

#L 13000056280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

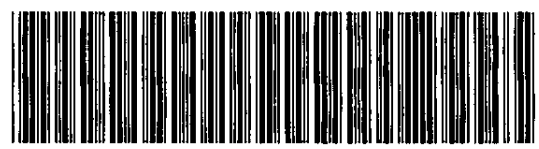
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/13--01026--004 **25.00

FILED
13 OCT 16 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 18 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

554 RIVIERA, LLC
GINA MEROLLA
1004 COLLIER CENTER WAY #200
NAPLES, FL 34110

SUBJECT: 554 RIVIERA, LLC
Ref. Number: L13000056280

We have received your document for 554 RIVIERA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00023641

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 554 RIVIERA, 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:

GINA MEROLLA

Name of Person

554 RIVIERA, LLC

Firm/Company

1004 COLLIER CENTER WAY #200

Address

NAPLES.,. FL 34110

City/State and Zip Code

GINAM@RANGER40.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA MEROLLA

Name of Person

239 593-5533

at ()

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 &
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

FILED
13 OCT 16 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

554 RIVIERA, 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 4/17/2013 and assigned Florida document number L13000056280.

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 end with the words "Limited 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 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:

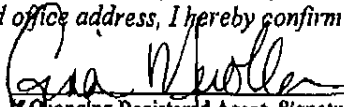
Name of New Registered Agent: GINA MEROLLA

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City Zip Code

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 608, 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.



Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

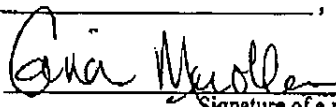
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD COUNTS	1004 COLLIER CENTER WAY	<input type="checkbox"/> Add
		#200	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	
MGR	LESLIE SHERMAN	1004 COLLIER CENTER WAY	<input type="checkbox"/> Add
		#200	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	
MEMBER	THE FLINT FAMILY, LLC	1004 COLLIER CENTER WAY	<input checked="" type="checkbox"/> Add
		#200	<input type="checkbox"/> Remove
		NAPLES, FL 34110	
MEMBER	MEGGIE COUNTS	1004 COLLIER CENTER WAY	<input checked="" type="checkbox"/> Add
		#200	<input type="checkbox"/> Remove
		NAPLES, FL 34110	
MGR	GINA MEROLLA	1004 COLLIER CENTER WAY	<input checked="" type="checkbox"/> Add
		#200	<input type="checkbox"/> Remove
		NAPLES, FL 34110	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.



Signature of a member or authorized representative of a member

GINA MEROLLA, MANAGER

Typed or printed name of signee