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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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TO SELECT OF THE SELECT OF THE

OCT 03 2016
J. HARRIE

COVER LETTER

Division of Con	rporations		
RIVERWA	ALK PROPERTIES LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LENNY TAYLOR		
		Name of Person	<u>.,,</u>
	RIVERWALK PROPERTI	IES LLC	
		Firm/Company	
	20533 BISCAYNE BLVD	#812	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	LENNY @RIVERWALKP		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
LENNY TAYLOR		954 696-5157 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	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

TO:

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

it now appears on our records.) y Company)
filed on 11/12/2010 and assigned
company here:
mpany," the designation "LLC" or the abbreviation "L.L.C."
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address on our records, <u>enter the name of th</u>
Enter Florida street address
, Florida
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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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LENNY TAYLOR	20533 BISCAYNE BLVD #812	Add
			☐ Remove
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		of filing:	or to date of filing or more the	(optional)	
an effective date Note: If the date locument's effect	ctive date on the Departr	pecific and cannot be prictors not meet the application of State's record sective date, but n	icable statutory filing requ	irements, this date w	ill not be listed as
an effective date lote: If the date locument's effect e record spe The 90th date	is listed, the date must be specinserted in this block decitive date on the Departructions a delayed effectly after the record in the second i	pecific and cannot be price oes not meet the application of State's record ective date, but not stilled.	icable statutory filing requ s.	irements, this date w	ill not be listed as
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Filing Fee: \$25.00