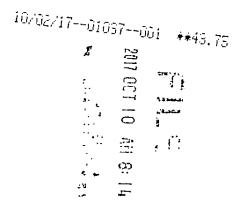
L10000075798

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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OCT LARRIS

COVER LETTER

Đivi	sion of Corp	orations		
SUBJECT:	Lot 379 Cele	bration, LLC		<u> </u>
SUBJECT		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	= = = = = = = = = = = = = = = = = =
		Barry Kalmanson		•
			this matter to the following: Solution	
		BARRY KALMANSON, F	PROFESSIONAL ASSOCIATION	
		···	Name of Person PROFESSIONAL ASSOCIATION Firm/Company ENUE SUITE 305 Address City/State and Zip Code to be used for future annual report notification) all: at (
		500. N. MAITLAND AVE	NUE SUITE 305	
			Address	
		MAITLAND, FL. 32751		
			City/State and Zip Code	
		BKPA1@AOL.COM		
		E-mail address: (t	o be used for future annual report notification	on)
For further in	formation co	neerning this matter, please ca	di:	
BARRY KA	LMANSON			
	Name of	Person	Area Code Daytime Tele	ephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

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



October 4, 2017

BARRY KALMANSON 500 N MAITLAND AVENUE, SUITE 305 MAITLAND, FL 32751

SUBJECT: LOT 379 CELEBRATION, LLC

Ref. Number: L10000075798

We have received your document for LOT 379 CELEBRATION, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 617A00020108

Jenna D Harris Regulatory Specialist II

2017 OCT 10 All 8: 14

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOT 379 CELEBRATION, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 07/19/2010	and assigned
Plorida document number 1.1000075798		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
RIVERDALE COMMERCIAL. LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
		2017
nter new principal offices address, if applicable:	-	<u> </u>
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
		with and the second
Salar and the salar and decrease of salar blocks		
inter new mailing address, if applicable:		() pr
Mailing address MAY BE A POST OFFICE BOX)		£41
. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ens
	Ī	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Ađd
			Remove
			Change
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			D. A.M. Share
			- Remove
			#. □ Chaffige
			Remove
			☐ Change

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		<u> </u>
fective date, if other than the date of	of filing: 09/28/2017 cific and cannot be prior to date of filing or more than 90 d es not meet the applicable statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 rnts, this date will not be listed as
ote: If the date inserted in this block doc	ent of State's records.	
ote: If the date inserted in this block document's effective date on the Department of the Departme	ctive date, but not an effective time, at 1	2:01 a.m. on the earlier o
ote: If the date inserted in this block document's effective date on the Department record specifies a delayed effective 90th day after the record is	ctive date, but not an effective time, at 1	2:01 a.m. on the earlier o
ote: If the date inserted in this block document's effective date on the Department record specifies a delayed effective 90th day after the record is	ctive date, but not an effective time, at 1 sfiled.	2:01 a.m. on the earlier o
ote: If the date inserted in this block document's effective date on the Department of the Properties and Prop	ctive date, but not an effective time, at 1 sfiled.	2017 OCT 10
ote: If the date inserted in this block document's effective date on the Department of the Properties and the Department of the Poth day after the record is a OCTOBER 3	ctive date, but not an effective time, at 1 filed. $\frac{2017}{2017}$	2017 OCT 10

Page 3 of 3

Filing Fee: \$25.00