0000006358

	(Requestor's Name)			
	(requestion a reality)			
	(Address)			
	,			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(
	(Business Entity Name)			
	(Document Number)			
Cartified Carian	Contification of Status			
Certified Copies	Certificates of Status			
Special Instruction	ns to Filing Officer:			
	SEP 2 5 2014			
A. LUNT				
	A. LUMI			

Office Use Only

400263152144

ċò

TO

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/24/14

NAME:

RIVERSIDE MANAGEMENT LC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODO

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

RIVERSIDE MANAGEMENT LC	1 780-1••	2214			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		1384			
The Articles of Organization for this Limited Liability Company were filed on 06/01/2000	and assigned	12			
Florida document number L0000006358		122			
This amendment is submitted to amend the following:	#10 5mg	Ċ			
A. If amending name, enter the new name of the limited liability company here:	1 1 m				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the ab	breviation "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 t registered agent and/or the new registered office address here: Name of New Registered Agent:		 е леч			
Name of New Registered Agent:		_			
New Registered Office Address:					
Enter i-torida street 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 agre provisions of all statutes relative to the proper and complete performance of my duties, and I am factors the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. 10	miliar with and	•			

accept the obtigations 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

Page 1 of 3



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

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
MGRM	COMPANY DIRECTORS LTD	1 1/2 MILES NORTHE	ERN HIGHWAY		
		BELIZE CITY, I	BELIZE BZ		
MGR	Ms. Marie-Paule Stravens	HIS Building, Providence,			
			Remove #14 SEP 24		
AMBR	Ms. Marie-Paule Stravens	HIS Building, Providence,	Mahe, Seychelies Add A		
			□ Add		
		·	☐ Remove		
			D Add		
			□ Remove		
					
			C] Remove		

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	٠
E. Effective date, if other than the date of filing:	(optional)	
(The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State) Dated September 22 2014	date and cannot be more than 90 days after	
	Jan C	2911 CFB
Signature of a member or authoriz \(\int \lambda \mathcal{V} \). \(\int \mathcal{N} \mathcal{U} \) \(\int \mathcal{V} \) Typed or printed n	- PSULE STRAVENS	2
	(원) 전문 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13	lie game