# L026000 15678

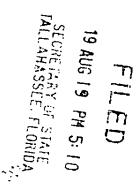
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### **COVER LETTER**

RIVERFRONT ASSOCIATES, LLC  SUBJECT:  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:	
rease return an correspondence concerning this matter to the following.	
THOMAS F BEECKLER	
Name of Person	-
RIVERFRONT ASSOCIATES, LLC	
	_
Firm/Company 344 PABLO TERRACE	
Address	•
PONTE VEDRA BEACH, FLORIDA 32082	
City/State and Zip Code THOMAS@BEECKLER.COM	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
THOMAS F BEECKLER  904 834-3710	
Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS: Registration Section

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**Registration Section** 

TO:

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L02000015678</u> .	any were filed on June 21, 2002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 5 <u>2</u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ASSYE 619
Enter new mailing address, if applicable:		PR SI I
(Mailing address MAY BE A POST OFFICE BOX)		5m 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	dress
		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, 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>	Address	Type of Action
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Effective date, if other than the difference of the date in listed, the date must be a Mote: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to ok k does not meet the applicabl	late of filing or more than 9	(optional) 0 days after filing.) P ments, this date wi	ursuant t ll not be	o 605.020 e listed as
ne record specifies a delayed The 90th day after the reco		in effective time, at	12:01 a.m. or	n the e	arlier o
Dated August 14	2019				
	Shim - 7	7 Real (	resell		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00