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SECRETARY OF CORPORATIONS OF CORPORATIONS

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Rivergate (Oakridge LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	! Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Płease returr	all corresno	ndence concerning this matter	to the following:	
		Mohan Bi		
		Rivergate Oarkidge LLC	Name of Person	
		45 Seton Trail	Firm/Company	****
			Address	
		Ormond Beach, FL 32176	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otilication)
For further i	nformation c	oneerning this matter, please co	ıll:	
Mohan Bhoola		386 255-2577 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for H	ne following amount:		
≘ \$25.00 l	filing Fee	S30.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sector Division of Corp Clifton Building 2661 Executive (orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rivergate Oa	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our record Liability Company)	5.1
The Articles of Organization for this Limited Liability Company Florida document number L03000053152	were filed on 12-08-03	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		SION AUG
		28 유로
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		08.5 1 2:
		5 104
		·n
B. If amending the registered agent and/or registered of		s, enter the name of the nev
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2
	Flo	orida
	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

Title `	<u>Name</u>	Address	Type of Action
AMBR	Ranjana Bhana	45 Seton Trail	
		Ormond Beach, FL 32176	
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			□ Remove
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and the state of the state of	. data of Glinar				(optional)	
Tective date, if other than the effective date is listed, the date in ite: If the date inserted in this cument's effective date on the	plock does not me	et the applica	into grammory i	or more than 90 day iling requiremen	s after filing.) Put is, this date will	suant to 605 not be list
record specifies a delay The 90th day after the re	ed effective da cord is filed.	ate, but no	t an effectiv	ve time, at 12	:01 a.m. on	the earli
August 24		2018	ħ			
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Filing Fee: \$25.00