## L04000080535

Office Use Only



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TILL D 2008 SEP 29 P 2: 20 SECRETARY OF STATE.

T. HAMPTON

SEP 3 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Riversid	le Estates Partners,	LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ken Mantovani III		
		(Name of Person)	·····
	Mantovani		
		(Firm/Company)	
	1434 10th Ct.		·
		(Address)	
	Lake Park, FL 33403		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Ken Mantovani III		at ( 561 ) 840-6789	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
<b>2</b> \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

Riverside Estates Partners, LLC.			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on 11/5/2004		and assigned
Florida document number 1.04000080535			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the	designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:	***************************************	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		EĞ	8
		ARE)	8 7
		AR SS	20
Enter new mailing address, if applicable:		Y O	
(Mailing address MAY BE A POST OFFICE BOX)		FL(S)	7 5
		RATE DA	۲.)
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B. If amending the registered agent and/or registered of		ords, enter the	name of the new
registered agent and/or the new registered office address he	ere:		
Name of New Registered Agent:		<del></del>	<del></del>
New Registered Office 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 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> **Type of Action** MGR David L Rhoten III 1434 10th Ct Add Lake Park, FL 33403 Remove ☐ Add Remove 🗂 Add Remove \_\_\_\_ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 25 2008 Signature of a member or authorized representative of a member Kenneth J Mantovani III Typed or printed name of signee

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Filing Fee: \$25.00