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SECRETARY OF SI VISION OF CORPOR

T. HAMPTON

SEP 2 2 2009

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>SR5 Riverview</u> LLC.
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:
Jane Haskins Name of Person
Raving Fans Restaurant Group Firm/Company 6020 Winthrop Town Centre Ave.
, 11du/055
City/State and Zip Code
janchaskinsa tampabay, rr. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tane Haskins at 813 657-3082  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additiona

**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

SRS Rivery	iew.LLC.	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on _////	2005 and assigned
Florida document number <u>L05000/062</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
Five G. Riverview LLC. The new name must be distinguishable and end with the w		
The new name must be distinguishable and end with the ward. L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		—————————————————————————————————————
(Principal office address MUST BE A STREET ADD	DRESS)	9 55 2 55
Enter new mailing address, if applicable:		<b>₹</b> ₹20
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our	records, enter the name of the new
registered agent and/or the new registered office ad		
Name of New Registered Agent:		·
New Registered Office Address:	Enter F	lorida street address
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Acti
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Filing Fee: \$25.00