

LO6000086880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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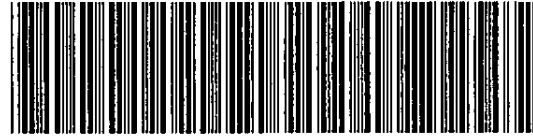
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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17801 Murdock Circle, Suite A  
Port Charlotte, FL 33948

Telephone: 941.624.2700  
Facsimile: 941.624.5151  
[www.owpa.com](http://www.owpa.com)

David E. Olmsted  
Attorney at Law  
Board Certified Real Estate Lawyer

Michael M. Wilson  
Attorney at Law

Carrie M. Leontitsis  
Attorney at Law

March 22, 2012

**via UPS NEXT DAY AIR**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Riverside Professional Services, LLC  
Document No. L06000086880

Dear Sir or Ma'am:

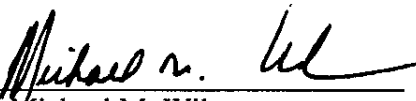
Enclosed please find Articles of Amendment to Articles of Organization of Riverside Professional Services, LLC. Our check in the amount of \$25.00 is also enclosed for the filing fee.

Please return the confirmation of filing to the undersigned in the envelope enclosed for your convenience.

Thank you for your assistance and if you have any questions or comments, please give me or my assistant, Laura Long, a call.

Sincerely,

OLMSTED & WILSON, P.A.

By:   
Michael M. Wilson

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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MMW/ll  
Encls.  
cc: Client

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RIVERSIDE PROFESSIONAL SERVICES, 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:

**Michael M. Wilson, Esq.**  
Name of Person  
**Olmsted & Wilson, P.A.**  
Firm/Company  
**17801 Murdock Circle, Suite A**  
Address  
**Port Charlotte, FL 33948**  
City/State and Zip Code  
**mike@owpa.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael M. Wilson, Esq.** at ( **941** ) **624-2700**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RIVERSIDE PROFESSIONAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/05/2006 and assigned Florida document number L06000086880.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RIVERSIDE REALTY SERVICES, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

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 Changing Registered Agent, Signature of New Registered Agent**

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:

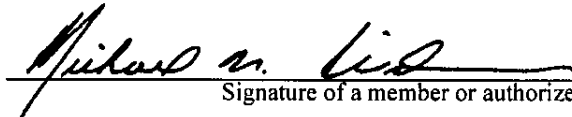
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 21, 2012

  
Signature of a member or authorized representative of a member  
Michael M. Wilson, Esq., Authorized Representative  
Typed or printed name of signee

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2012 MAR 23 AM 11:08  
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