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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RIVERWOOD CAPITAL ADVIS	SORS, LLC	
(Name of Lin	nited Liability Company)	
		0806
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	OBDEC 19 AM 8: 25 TALLANASSEE, FLORIDA
MICHAEL LAPAT		6.
MOTIVEE EXTENT	(Name of Person)	
LAW OFFICES OF I	REICHSTEIN & LAPAT	
	(Firm/Company)	
3300 UNIVERSITY	DRIVE, SUITE 311	
	(Address)	
CORAL SPRINGS I	FL 33065	
-	(City/State and Zip Code)	-
For further information concerning this matter, please	call:	
JULIE HANCOCK	at ( 954 ) 345-6442	
(Name of Person)	(Area Code & Daytime To	elephone 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:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

# RIVERWOOD CAPITAL ADVISORS, 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 12-14-07	and assigned
Florida document number <u>L07000124675</u> .	1

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:	3020 HARTLEY ROAD, SUITE 125	
	(I	Enter Florida street address)
	JACKSONVILLE	, Florida 32257
	(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> **Name Address** Type of Action 3030 HARTLEY RD MGR . MITCH MALONE Add SUITE 250 JACKSONVILLE FL 32259 MGR MITCH MALONE ✓ Add 3020 HARTLEY RD **SUITE 125** Remove JACKSONVILLE FL 32257 Add Remove  $\square$ Add Remove  $\Box$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PRINCIPAL, MAILING, AND REGISTERED AGENT ADDRESS ALL CHANGED TO: 3020 HARTLEY RD, SUITE 125 JACKSONVILLE FL 32257 2008

Typed or printed name of signee

MITCH MALONE, MANAGER

ember or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00