

L07000124678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900139057829

12/19/08--01041--009 **215.00

FILED
08 DEC 19 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIVERWOOD CAPITAL MANAGEMENT, 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 LAPAT

(Name of Person)

LAW OFFICES OF REICHSTEIN & LAPAT

(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311

(Address)

CORAL SPRINGS FL 33065

(City/State and Zip Code)

FILED
08 DEC 19 AM 8:25
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JULIE HANCOCK

(Name of Person)

at (954) 345-6442

(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RIVERWOOD CAPITAL MANAGEMENT, LLC

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

FILED
DEC 19 AM 8:25
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-14-07 and assigned Florida document number L07000124678.

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

(Enter Florida street address)

JACKSONVILLE

(City)

, Florida 32257

(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

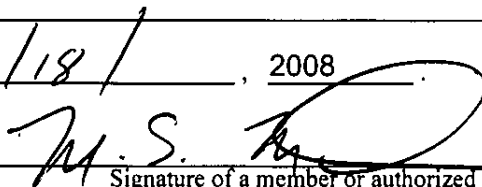
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|-----------------------|--|
| MGR | MITCH MALONE | 3030 HARTLEY RD | <input type="checkbox"/> Add |
| | | SUITE 250 | <input checked="" type="checkbox"/> Remove |
| | | JACKSONVILLE FL 32259 | |
| MGR | MITCH MALONE | 3020 HARTLEY RD | <input checked="" type="checkbox"/> Add |
| | | SUITE 125 | <input type="checkbox"/> Remove |
| | | JACKSONVILLE FL 32257 | |
| | | | <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.)*

PRINCIPAL, MAILING, AND REGISTERED AGENT ADDRESS ALL CHANGED
TO: 3020 HARTLEY RD, SUITE 125 JACKSONVILLE FL 32257

Dated 12/18/, 2008



Signature of a member or authorized representative of a member

MITCH MALONE, MANAGER

Typed or printed name of signee