109000103647

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800322054708

12/20/18--01009--002 **385.00

SACILIZATION US DEL BENTANCIA SACILIZATION DEL REPORTOR DE PROPERTOR D

Some

COVER LETTER

TO: Registration Se Division of Co				
BY THE R	RIVER PROPERTIES, LLC			
30b)EC1.	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	llene L. Michelson, Esq.	_		
		Name of Person		
	Law Office of Stuart R. M	ichelson, P.A.		
		Firm/Company		
	800 SE Third Avenue, Fou	urth Floor		
	Fort Lauderdale, Florida 3	Address 3316		
	ilenemichelson@aol.com	City/State and Zip Code		18 050 20
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
Hene Michelson		954 463-6100 at ()		PR S
Name o	of Person		Telephone Number	05 50 GACHER
Enclosed is a check for t	he following amount:			19.
■ \$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 State Certified Copy (additional copy is enc	

MAILING ADDRESS:

TO:

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

BY THE RIVER PROPERTIES, 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 $\frac{10/27/2009}{1}$ and assigned Florida document number __L09000103647 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Martha Christine Schubert	Suite 2-164	
		2520 Carol Way	🖸 Add
		2520 Coral Way	☐ Remove
		Miami, FL 33145	Change
CoMGR	Marco Dessimone	Suite 2-164	П. и
	-	2520 Coral Way	= Remove
		Miami, FL 33145	☐ Change
			☐ Remove
			Add
			☐ Remove
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

•	·			··		
						
•		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
				_		
		_				
						
				_ _		
						
	· · · - · · · · · · · · · · · · · ·					
	· -					
		<u>,</u>				
reffective date is te: If the date	inserted in this blo	be specific and canno	ne applicable statu		(optional) Days after filing.) Purments, this date will	
	cifies a delayed y after the reco		but not an eff	ective time, at	12:01 a.m. on	the earlier o
ed	8	<i>c</i>				
				Deli es l		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00