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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/14/2021

NAME: THE RIVERTOWN BAND LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
ATTES 112 EVEN		Town Band LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The onelisee	l Articles of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please return	all correspo	ondence concerning this matter	to the following:	
		Scott Coleman		
			Name of Person	
		The RiverTown Band LL	С	
			Firm/Company	
		4617 Long Bow Road S	outh	
			Address	
		Jacksonville, FL 32210		
			City/State and Zip Code	
		scott@therivertownband.		
		E-mail address: (to be used for future annual report not	ification)
For further ir	iformation e	oncerning this matter, please co	oll:	
Scott Colen	nan		904 614-8018	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
			Street Address:	
Registration Section Division of Corporations			Registration Se Division of Cor	
	nclosed is a check for the following amount: S25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ Mailing Address:		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The RiverTown Band LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records. ed Liability Company)	
The Articles of Organization for this Limited Liability Compartile Florida document number L10000032368		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		==
		202
		= 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	ne name of the newPegistered
Name of New Registered Agent:	1-2-	·····
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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>	Address	Type of Action
MGR	Darin Peckham	3624 BEAUCLERC RD	□Add
		Jacksonville, FL 32257	■ Remove
			□Change
		·	□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
<u>-</u>			□Add
			□Remove
			Change

May 7 2021	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ack does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.				
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	134	Signature of a member or autho	ized representative of a member	

Filing Fee: \$25.00