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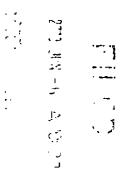
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COVER LETTER

CHD WAT.	Riverside I	leights Holdings, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	-	~ >,
Please return	all correspo	ondence concerning this matter	to the following:		r 3
		Carrie Christino			₹ :: •
			Name of Person		~~
		Soho Capital, LLC			
Firm/Company					ر ٔ
		701 S Howard Ave Ste 10	6-322		
			Address		
		Tampa, FL 33606			
		Carrie@soho-capital.com	City/State and Zip Code		
For further is	oformation a	E-mail address: (oncerning this matter, please or	to be used for future annual report noti	fication)	
Carrie Chris		oncerning this matter, prease of	813 557-4901 at ()		
	Name o	f Person		e 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)	Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Riverside Heights Holdings, 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 12/16/2010 Florida document number __L10000128756 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 ____, Florida <u>___</u> City

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 amonding 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
AREP	Charles Harper	100 N TAMPA ST STE 2700 Tampa, FL 33602	Add
			■ Remove
			☐ Change
			Add
			C Remove
			D Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			□ Change □ Add
			□ Remove
			☐ Change

	
	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil iment's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an effectivence 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie
ed 06/04/2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00