11000062331

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(Cı	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL MAIL
(B)	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
L		

Office Use Only



700358712467

2071FTD-1 AM 8:09

mm FED -1 PH 2: 07

Y SELECT FEB 0.2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 641775 4304417
AUTHORIZATION :
COST LIMIT CARRESTON
ORDER DATE : January 29, 2021
ORDER TIME : 11:40 AM
ORDER NO. : 641775-005
CUSTOMER NO: 4304417
DOMESTIC AMENDMENT FILING
NAME: 507 RIVER DRIVE, LLC
EFFECTIVE DATE: 02/02/2021
XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT# 61592

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	507 RIVER I	DRIVE, LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	ur records.)	
The Articles of Organization for this Limited L	iability Company	were filed on May 6, 20	011 and assign	ned
Florida document number L11000062331				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	<u>f the limited liab</u>	ility company here:		
506 RIVER DRIVE, LLC				
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		506 RIVER DRIVE		
Principal office address MUST BE A STREE	ET ADDRESS)	VERO BEACH, FL 3.	2963 중	
			71	
Enter new mailing address, if applicable:		506 RIVER DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)		VERO BEACH, FL 3:	2963	Tank
			700	<u> </u>
3. If amending the registered agent and/or regent and/or the new registered office addre		address on our records	s, enter the name of the new r	egister
Name of New Registered Agent:	Corporation Se	rvice Company		
	1201 Hay Stree	•1		
New Registered Office Address:		Enter Florida stree	et address	
	Tallahassee		. Florida ³²³⁰¹	
		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

Amarida Bukinsen, Assistani Wee President

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	ARCHIBALD MCCLURE		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
-	
_	
-	
_	
Note:	DATE OF FILING (optional) ective date, if other than the date of filing: (optional) (optional) (optional) (optional) If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	January 29. 2021
Dated	(April)
•	
	Signature of a member or authorized representative of a member
	Archibald McClure
	Typed or printed name of signee

Filing Fee: \$25.00