# 11200023251

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TIL DEC 12 PM 4: 40
SECRETARY OF STATE

1. Burch DEC 1.5. 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Riverside Professional Plaza 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:
Sergio Fernandez  Name of Person
Riverside Professional Plaza LLC Firm/Company
2800 Glades Circle Suite E 107 Address
Weston Fla 33327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seigio Fernandez at (954) 257-1447  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$30.00 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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2014

SERGIO FERNANDEZ 2800 GLADES CIRCLE STE E 107 WESTON, FL 33327

SUBJECT: RIVERSIDE PROFESSIONAL PLAZA LLC

Ref. Number: L12000023251

We have received your document for RIVERSIDE PROFESSIONAL PLAZA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove any reference to operating agreement from your amendment, operating agreement are not filed in this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 714A00022767



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2014

SERGIO FERNANDEZ 2800 GLADES CIRCLE STE E 107 WESTON, FL 33327

SUBJECT: RIVERSIDE PROFESSIONAL PLAZA LLC

Ref. Number: L12000023251

We have received your document for RIVERSIDE PROFESSIONAL PLAZA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please remove any refernce to operating agreement from your amendment, operating agreement are not filed in this office. (SEE PAGE 3 SECTION D)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 714A00022767

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverside Pr	ofessional Plata LLC
(Name of the Limited Liabj (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
	Company were filed on 02 /17 /2012 Frances signed.  L/2 00002325 / SSS 7
Florida document number 45 - 4557990	- 412000023251 ASS N
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
	DA O
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2800 Glades Circle
(Principal office address MUST BE A STREET ADD	RESS) Suite Elot
	Weston Fla 33327
Enter new mailing address, if applicable:	2800 Glades Circle
(Mailing address MAY BE A POST OFFICE BOX)	_ Suite = 107
	Weston Fla 33327
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	Sergio Feinandet
New Registered Office Address:	2800 Glades Circle Suite E 107 Enter Florida street address
	Weston, Florida F19 33327
-	City Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action Name Address MGR Sergio Fernandet 2800 Glades Circle BAND Suite E 107 Weston Fla 33327 \_\_\_\_\_ Remove AMBR Sylvia Rivadeneira 1557 SE Crowberry Dr. DAdd
Port St. Lucie Fla 34983 Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

•	If amendin	g any other infort	mation, enter chang	e(s) here:	(Attach additiona	l sheets, if necessary.)
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(	The effective of the date this of	ate must be specific, c	annot be prior to date of a Florida Department of S	per or authori		ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FINALE,