LIAUCOUUUIA

(Requ	uestor's Name)	
(Addı	ess)	
(Addi	ess)	
	·	- 40
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
•		
(Doci	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		!
		:
. *	~!	
W1200003	6014	

Office Use Only



500237101015

07/05/12--01006--023 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND FILED

D. BRUCE

JUL 24 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2012

KEVIN O'MALLEY 250 75TH AVE. ST. PETE BEACH, FL 33706

SUBJECT: THE RIVERA SUPPER CLUB, LLC

Ref. Number: L12000061612

We have received your document for THE RIVERA SUPPER CLUB, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00018319

12 JUL 23 AN 9:

COVER LETTER

Division of Co				
SUBJECT:	The Rivera	Supper Club, LLC		
		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Kevin O'Malley		
		Name of Person		
	The I	The Riviera Supper Club, LLC		
		Firm/Company		
		250 75th Ave.		FILE 12 JUL 23 SECRETAR FALLAHASS
		Address		
	St.	Pete Beach, FL 33706		
		City/State and Zip Code		
•	F-mail address: (rivierasc@gmail.com to be used for future annual report n	otification)	9: 35 Flooring
For further information		·	ouncation	सुन ज
roi iuittiei information	concerning this matter, please of	can:		
Ko	evin O'Malley	at (813)	830-1164	
Name	of Person		time Telephone Number	_
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		Status &
MAJI	LING ADDRESS:	STREET/COU	URIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVE® AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The (Name of the Limited)	Rivera Sup Liability Compai Florida Limited L	per Club, LLC by as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liz Florida document numberL12000061		were filed on	05/07/2012	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The	Riviera Supp	er Club, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ıble:	250 75th Ave.		
(Principal office address MUST BE A STREET ADDRES		St. Pete Beacl	h, FL 33706	
				12. SEC
				REI AH
Enter new mailing address, if applicable:		250 75th Ave.		ASS
(Mailing address MAY BE A POST OFFICE BOX)		St. Pete Beac	h, FL 33706	
				5. S.
				25 3g
B. If amending the registered agent and/o registered agent and/or the new registered off			ır records, <u>enter t</u>	
Name of New Registered Agent:				
New Registered Office Address:	250 75th Av	e.		
		Ente	er Florida street add	ress
		Pete Beach	, Florida	33706
		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kevin O'Malley	10454 Villa View Cir. Tampa, FL 33647	Add
MGRM	Kevin O'Malley	250 75th Ave. St.Pete Beach, Fl 33706	
		Add Remove	
			Add Remove
		Add Remove	
		Add Remove	
	eding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	12 JUL 23 AM 9: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	June 4	7612	
	Signature of a	Kevin O'Malley Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00