L120000 76361

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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
aum ind	RiversEdge Composites , LLC					
SUBJEC	JT:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Kristi A. Rohan				
			Name of Person			
		RiversEdge Composites, I.	J.C			
			Firm/Company			
		1510 Airway Circle				
			Address	·		
		New Smyrna Beach, Fl 3	2168			
		riversedge200@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	itication)		
For furth	er information c	concerning this matter, please c	all:			
Kristi A. Rohan		386 957-3900				
	Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	he following amount:				
■ \$25 .	00 Filing 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)		
	Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection		
	Division of C	Corporations	Division of Co	rporations		
	P.O. Box 632	27	The Centre of	Fallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RiversEdge Composites, LLC

2025 1 29 PH 4: 13

(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our inda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L12(XXX)76361	Company were filed on June (18, 20	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
the new name must be distinguishable and contain the words "L	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, g	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
		, Florida
	City	_, Florida 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 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
AMBR	Stuart La Haise	1954 North Loop Parkway	
		Saint Augustine, FL 32095	□ Remove
			■Change
AMBR	Kyle Rohan	4538 S 600 E	□ Add
		Murray, UΓ 84107	□Remove
			■ Change
			□Add
			□Remove
			Change
_			□Add
			□Remove
			□ Change
· ————			
•		-	□Remove
			☐ Change
			□Add
			□Remove

		-	1	•				
		Signature	of a member or a	uthorized repr	ch- esentative of a	member		
Ma Dated	y 27	· 	2020					
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e record sr	ecifies a delayed e	ffective date but	not an effectiv	e time at 12	:01 am on th	e earlier of: <i>(</i> h) The 90th da	ny after the
<u>lote:</u> If t	he date inserted in 's effective date on	this block does i	not meet the app	oncable statu	tory filing rec	uirements, thi	s date will not	be listed as tl
ffective an effective	date, if other that we date is listed, the d	in the date of f	May 27, iling: c and cannot be p	rior to date of	filing or more th	opti nan 90 days after	onal) filing.) Pursuan	t to 605.0207 (
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