

L120000 76361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

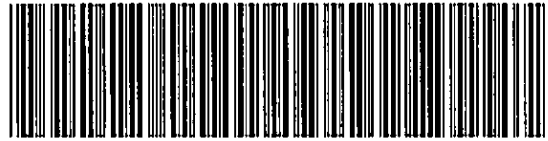
(Business Entity Name)

(Document Number)

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2020 JUN 29 PM 4:13

G. GOLDEN

JUN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

RiversEdge Composites, LLC

SUBJECT: _____
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:

Kristi A. Rohan

Name of Person

RiversEdge Composites, LLC

Firm/Company

1510 Airway Circle

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

riversedge200@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristi A. Rohan

386

957-3900

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2025 MAR 29 PM 4:13

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
AMBR	Stuart La Haise	1954 North Loop Parkway	<input type="checkbox"/> Add
		Saint Augustine, FL 32095	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kyle Rohan	4538 S 600 E	<input type="checkbox"/> Add
		Murray, UT 84107	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 27 2020

Typed or printed name of signee