

L12000085490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242990698

01/30/13--01001--019 **75.00

RECEIVED
13 JAN 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 JAN 29 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 30 2013
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ESO RIVERBREEZE LLC

FILED
13 JAN 29 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File_____
- ___ LTD Partnership File_____
- ___ Foreign Corp. File_____
- ___ L.C. File_____
- ___ Fictitious Name File_____
- ___ Trade/Service Mark_____
- ___ Merger File_____
- ___ Art. of Amend. File_____
- ___ RA Resignation_____
- ___ Dissolution / Withdrawal_____
- ___ Annual Report / Reinstatement_____
- ___ Cert. Copy_____
- ___ Photo Copy_____
- ___ Certificate of Good Standing_____
- ___ Certificate of Status_____
- ___ Certificate of Fictitious Name_____
- ___ Corp Record Search_____
- ___ Officer Search_____
- ___ Fictitious Search_____
- ___ Fictitious Owner Search_____
- ___ Vehicle Search_____
- ___ Driving Record_____
- ___ UCC 1 or 3 File_____
- ___ UCC 11 Search_____
- ___ UCC 11 Retrieval_____
- ___ Courier_____

Signature _____

Requested by: SETH

01/29/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Cover Letter

**TO: Registration Section
Division of Corporations**

SUBJECT: ESO RIVERBREEZE 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:

EREZ RAM

Name of Person

COSHED LLC

Firm/Company

29033 SILVER CREEK Rd.

Address

AGOURA CA 91301

City/State and Zip Code

erezjram@gmail.com

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

For further information concerning this matter, please call:

EREZ RAM

Name of Person

at (**818**) **917-2889**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 29 AM 10:11

FILED

Articles of Amendment

TO
ARTICLES OF ORGANIZATION
OF

ESO RIVERBREEZE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/29/2012 and assigned
Florida document number L12000085490.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

River Breeze LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

29033 SILVER CREEK Rd.

AGOURA CA 91301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

29033 SILVER CREEK Rd.

AGOURA CA 91301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent:

Changes to MGR and MGRM's.
No changes are being made.

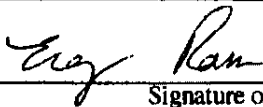
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 28, 2013.



Signature of a member or authorized representative of a member

EREZ RAM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

13 JAN 29 AM 10:11

STATE CAPITAL STAGE
TALLAHASSEE, FLORIDA