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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO: Registration So Division of Cor				
Riverside I	Heights Holdings II, LLC			
30bJEC1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		1
	Carrie Christino		THE JUN-6 A	<u> </u> -
		Name of Person		7
	Soho Capital, LLC			フ
	<del> </del>	Firm/Company	9. 23 FLORES	
	701 S Howard Ave Ste 10	6-322	Tr.	
	-	Address		
	Tampa, FL 33606			
	Carrie@soho-capital.com	City/State and Zip Code		
		to be used for future annual report notif	cation)	
For further information of	concerning this matter, please c	all:		
Carrie Christino		813 557-4901 at ()		
Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverside Heights Holdings II, 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  $\_08/09/2012$ and assigned Florida document number \_L12000102552 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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 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>	Address	Type of Action
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Effective date, if other than t (If an effective date is listed, the date is	me date of filing: must be specific and canno	t be prior to date of filin	g or more than 90 days a	ptional) ifter filing.) [	Pursuant to	605.0
Note: If the date inserted in this document's effective date on the			filing requirements,	this date w	rill not be	listed
the record specifies a delay  The 90th day after the r	ved effective date,	but not an effect	ive time, at 12:0	1 a.m. o	n the ea	arlier
) The socii day after the i	ecora is mea.					
06/04/2019 Dated						
	<u> </u>	······································				

Typed or printed name of signee

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