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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:		leights Holdings III, LLC				
SOBJECT	-	Name of Lin	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:	•	A. B.	
		Carrie Christino			ME THANK	i !
			Name of Person		- <u>\$2.5</u> &	
		Soho Capital, I.I.C			- C-17.3	Ċ
		·	Firm/Company		- 65일 - 2	
	701 S Howard Ave Ste 106-322				Ş w	
			Address		-	
		Tampa, FL 33606				
		Carrie@soho-capital.com	City/State and Zip Code		-	
		E-mail address: (to be used for future annual report notif	ication)		
For further in	formation co	oncerning this matter, please c	all:			
Carrie Christ			813 557-4901 at ()			
	Name of	Person	Area Code Daytime	Telephone Numbe	г	
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

MAILING ADDRESS:

TO:

Registration Section

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 III, 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 $\frac{10/05/2012}{}$ and assigned Florida document number __1.12000127515 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 Enter new principal offices address, if applicable: D (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 City

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
AREP	Charles Harper	100 N TAMPA ST STE 2700 Tampa, FL 33602	
			■ Remove
			Change
			Add
			☐ Remove
			Change
			Add Add
			Remove
			Change
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- <u> </u>	
	, p.g.
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	5 23
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inscreed in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00