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SECRETARY OF STATE OF CORPORATIONS

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- COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Riley's Ree	A LLC ted Liability Company	
	/ Name of three	rea Liabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jam	es Fortwangh	
	R, lo	y s Rep f Firm Company	·····
	6671 W.	Indiantoun Ro	d #50 38 7
	Jupiter	FL 33458 City/State and Zip Code	
	54/7/w 6 E-mail address: (1	o be used for future annual report notif	Com cation)
For further information of	oncerning this matter, please ca	df:	
J HOJHOJKHOKKK Name o	Tames Fortwangle	at (23) Area Code Daytime	2 - 735 9 Telephone Number
Timbo and it is about the th	sa Callaggina amaganta		
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Rileys	Reet	11C			
	ted Liability Company (A Florida Limited Lia				
The Articles of Organization for this Limited L Florida document number <u>L/3000</u>	iability Company w 1075013	ere filed on <u>5</u> /	20/2013	_ and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the <u>limi</u> ted liabi <u>li</u>	ty company here:			
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the design	nation "LLC" or the abbi	eviation "L.L.C."	
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				
Enter new mailing address, if applicable:				SECRETA IVISION OF 18 AUG 2	
(Mailing address MAY BE A POST OFFICE	BOX)			CORPORATION OF STATE	
B. If amending the registered agent and registered agent and/or the new registered o	/or registered offi office address here:	ce address on ou	r records, <u>enter t</u> l	he name of the nev	<u> </u>
Name of New Registered Agent:	Jame	s_fortw	ungler pun Rd #		
New Registered Office Address:	6671 W	Indianto	2011 Pil F street address	50387	
	-I pet	Evy Cuy	, Florida	33458 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 Changing Registered Agent, Signature of New-Registered Agent

Page 1 of 3

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 Type of Action Title MGR Dang Richard 126 Center Street #B8 DAdd Jupiter Fl 33458 Remove Change MGR James Fortwangler 126 Confer Street # B8 XAdd Jupiter FC 33458 Remove MGR James Brestin 126 Center Street #B8 XAdd Tpiker FL 33458 _ Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove Change 🔲 Add □ Remove Change

		
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fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	(optional) more than 90 days after fifing.) Pursuant to	605.03
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the ea	rlier
ned August 10 . 2018.		
	ion of a combon	_
Signature of a member or authorized representati		

Page 3 of 3

Filing Fee: \$25.00