## L13000094710

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2013 JUL 18 PH 12: 12
SECRETARY OF STATE

## **COVER LETTER**

Registration Section TO: **Division of Corporations** Riomar Point 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:

> Rory O'Dare Name of Person Firm/Company 1441 Ocean drive Address vero beach fl.32963 City/State and Zip Code

rosegano@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rory odare

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FILED 2013 JUL 18 PM 12: 12

SECRETARY OF STATES
TALEAHASSEE, PLORIDA

Riomar Point LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears	on our records.)
(AT IOTHE LIII	inica Liabinty Company)	
The Articles of Organization for this Limited Liability Con-	npany were filed on <u>July</u>	2, 2013 and assigned
Florida document number L13000094710		
Tiorida document namber	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del>_</del>	·
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on ou	r records, enter the name of the nev
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fiduless.	Ente	r Florida street address
		Elouido
·	City	, Florida

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

`MGR = Manager

<u>Titte</u>	Name	Address	Type of Action
mgrm	Sue Lauth	485 Scenery dr	Add
		State College Pa	Remove
		16801	
<u>mgrm</u>	Edward Lauth	485 Scenery dr	Add
		State College Pa	Remove
		16801	
			Add
			Remove
			Add
			Remove
			<del></del>
			Add
			Remove
			Add
			Remove

If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
July 16	2013
	Roy O'Dare
	Signature of a member or authorized representative of a member
Rory O'Dare	
	Typed or printed name of signee

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Filing Fee: \$25.00

FILED STATE SECRETARY FLORIDA