

LL3000145254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

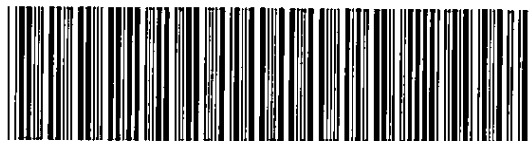
(Business Entity Name)

(Document Number)

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RAWL  
SEP 21 2019

2019 SEP 10 AM 9:30

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RIVER COVE LANDINGS 430, 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:

PAM MCKINNEY CPA

\_\_\_\_\_  
Name of Person

SUMMIT QUEST INC

\_\_\_\_\_  
Firm/Company

3433 E GULF TO LAKE HWY

\_\_\_\_\_  
Address

INVERNESS, FL 34453

\_\_\_\_\_  
City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

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

For further information concerning this matter, please call:

PAM MCKINNEY

352 584-1498  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

## 2019 SEP 10 AM 9:29

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

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

| <u>Title</u> | <u>Name</u>          | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|----------------------|-----------------------------|--------------------------------------------|
| MGR          | PETRUS J GROENENDIJK | PO BOX 1089                 | <input type="checkbox"/> Add               |
|              |                      | INTERCESSION CITY, FL 33848 | <input checked="" type="checkbox"/> Remove |
|              |                      |                             | <input type="checkbox"/> Change            |
| MGRM         | DHAEZE USA INC       | C/O AGNES W.M. REULEN LLC   | <input type="checkbox"/> Add               |
|              |                      | PO BOX 1236                 | <input type="checkbox"/> Remove            |
|              |                      | HERNANDO, FL 34441          | <input checked="" type="checkbox"/> Change |
|              |                      |                             | <input type="checkbox"/> Add               |
|              |                      |                             | <input type="checkbox"/> Remove            |
|              |                      |                             | <input type="checkbox"/> Change            |
|              |                      |                             | <input type="checkbox"/> Add               |
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|              |                      |                             | <input type="checkbox"/> Remove            |
|              |                      |                             | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 20

2019

Ans. POA

Signature of a member or authorized representative of a member

James W.M. Reulien, POA  
Typed or printed name of signer