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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
	Riverside I	leights Holdings IV, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Carrie Christino			ઋ હૈયું	
			Name of Person		A CAR	T
		Soho Capital, LLC				
			Firm/Company			
		701 S Howard Ave Ste 100	5-322		A 9: 23	į
		<del></del> .	Address	<del>- 11 - 1</del>	23	
		Tampa, FL 33606			. *	
		Carrie@soho-capital.com	City/State and Zip Code		<del></del>	
		E-mail address: (	to be used for future annual	report notification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Carrie Chris	tino			7-4901		
	Name o	of Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is a	check for t	he following amount:				
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enci		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registi Divisio	ING ADDRESS: ration Section on of Corporations	Registrati Division	F/COURIER ADI ion Section of Corporations	DRESS:	
		ox 6327	Clifton B			

2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Riverside Heights Holdings IV, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C Florida document number L14000002969	Company were filed on 01/07/2014	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	ited liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(E.S.S)	
		- <i>&gt;</i> -
		?e. <b>♀</b> 2
Enter new mailing address, if applicable:		G W
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	3 65 13	to the state of the
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>		is, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	City	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

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	
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n effective dat o <mark>te:</mark> If the da	e, if other the e is listed, the c tte inserted in ective date or	date must be s this block o	specific and does not m	l cannot be prect the ap	plicable	te of filing ( statutory f	or more than	90 days af	otional) fer filing.) his date	) Pursuant t will not be	o 605.02 c listed :
record sp The 90th o	ecifies a de lay after th	elayed eff ne record	<sup>:</sup> ective d is filed.	ate, but	not an	effectiv	e time,	at 12:01	la.m. d	on the e	arlier
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