

214 0000 13906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

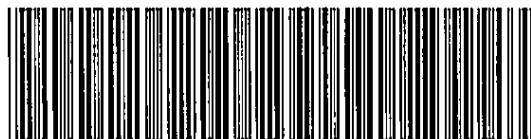
(Business Entity Name)

(Document Number)

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10/27/21--01005--011 **25.00

21 OCT 27 PM 1:03

T. MATTHEWS

NOV -8 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverwood Insurance Services, 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:

Robert J. Miller

Name of Person

Riverwood Insurance Services, LLC

Firm/Company

531 River Run Blvd.

Address

Ponte Vedra, FL 32081

City/State and Zip Code

bob.miller@brightway.com

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

For further information concerning this matter, please call:

Robert J. Miller 904 999-3260

Name of Person at () _____
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Riverwood Insurance Services, LLC

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

21 OCT 27 PM 1:04

The Articles of Organization for this Limited Liability Company were filed on January 27, 2014 and assigned
Florida document number L14000013906.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7440 US Highway 1 N

Suite 102

St. Augustine, FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7440 US Highway 1 N

Suite 102

St. Augustine, FL 32095

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:

Cheryl L. Miller

New Registered Office Address:

7440 US Highway 1 N, Suite 102

Enter Florida street address

St. Augustine


City

Florida 32095

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cheryl L. Miller	7440 US Highway 1 N	<input type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		St. Augustine, FL 32095	<input checked="" type="checkbox"/> Change
AMBR	Robert J. Miller	7440 US Highway 1 N	<input type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		St. Augustine, FL 32095	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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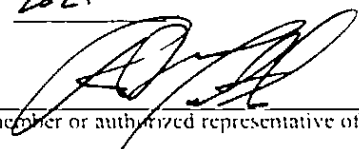
E. Effective date, if other than the date of filing: October 25, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 25, 2021


Signature of a member or authorized representative of a member

ROBERT J. MILLER
Typed or printed name of signee