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(City	y/State/Zip/Phone	∋ #)
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SECRETARY OF STATE

T. Burch SEP. 2020

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RIVIERA CREEK PROPERTIES, 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:

RAFAEL DE ARAUJO, ESQ.

Name of Person

LAW OFFICE OF RAFAEL DE ARAUJO, PA

Firm/Company

1221 BRICKELL AVENUE, STE 900 MIAMI, FL 33131

Address

MIAMI, FL 33131

City/State and Zip Code

RAFAEL@DEARAUJOLAW.COM

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

For further information concerning this matter, please call:

RAFAEL DE ARAUJO, ESQ at (

,305,542-6899

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

Riviera Creek P	roperties LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000070004</u> .	were filed on APRIL 30, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AS =
		SEP T
Enter new mailing address, if applicable:	6004 BLAKEFORD DRIVE	SSE OF
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE, FLORIDA	34,786 ⊋ 📆
		0874 F. ()
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _ 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Name</u> **Type of Action Title Address** □ Add _□ Remove Remove ☐ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove _□ Add □ Remove

If amending any other information, enter change(s) here: (At	tach additional sheets, if necessary.)
· · ·	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
Dated AUGUST 30 2014	
Sulisekh	$\boldsymbol{\mathcal{U}}$
Signatufe of a member or authorized r	epresentative of a member
ANELISE F. DA SILVA	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORID