

L140000 86781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

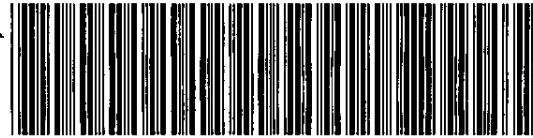
(Business Entity Name)

(Document Number)

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2014 NOV -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Guignon NOV - 5 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riverwalk Lionstone, 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:

Adrienne Pardo

Name of Person

Firm/Company

6300 Allison Road

Address

Miami Beach, Florida 33141

City/State and Zip Code

pardostevan@gmail.com

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

For further information concerning this matter, please call:

Adrienne Pardo

at (305) 775-2538

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
2014 NOV -5 PM 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33141Riverwalk Lionstone, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/29/14 and assigned Florida document number L14000086781.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Riverwalk San Marco, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6300 Allison Road

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, Florida 33141

Enter new mailing address, if applicable:

6300 Allison Road

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, Florida 33141

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:

Adrienne Pardo

New Registered Office Address:

6300 Allison Road

Enter Florida street address

Miami Beach

Florida 33141

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.

Adrienne Pardo
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

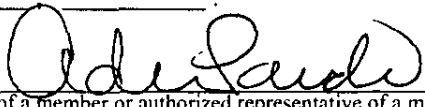
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adrienne Pardo	200 SE 1st Street, Suite 700	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
MGR	Adrienne Pardo	6300 Allison Road	<input checked="" type="checkbox"/> Add
		Miami Beach, Florida 33141	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 31 2014



Signature of a member or authorized representative of a member

Adrienne Pardo

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2014 NOV -5 PM 12:00
SECUR. DIV. OF STATE
TALLAHASSEE, FLORIDA