114000091240

(Re	questor's Name)	
(Ad	dress)	
	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS MAY 2 3 2022

COVER LETTER

A Company of the Comp

TO: Registration So Division of Con			
	DE 821 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	IVAN GONZALEZ		
		Name of Person	
	RIVERSIDE 821 LLC		
		Firm/Company	
	2051 NW 112TH AVENU	ΙE	
		Address	
	SWEETWATER, FL 3317	72	
		City/State and Zip Code	
	IG@PACSUPPLYUSA.CO	OM to be used for future annual report n	atification)
For further information of	concerning this matter, please c		ottheation)
IVAN GONZALEZ		305 403-7902	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632	27	The Centre of	
Tallahassee,	ГL 34314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN FILED STATE SECRETARY OF STATE OIVISION OF CORPORATIONS

RIVERSIDE 821 LLC

22 APR 18 PM 3: 11

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

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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000091240</u> .	pany were filed on $\frac{06/06/2014}{1}$	4 and assig	ned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of the limited	liability company here:		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.	C. "
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent: New Registered Office Address:				
New Registered Office Address:		fice address on our records,	, <u>enter the name of the new i</u>	<u>registered</u>
New Registered Office Address: Enter Florida street address	Name of New Registered Agent:			
Enter Florida street address	New Registered Office Address:			
		Enter Florida stree	address	
, Florida			Florida	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registered Ag	•	м соц	

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 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
MGR	DANIEL LEIDERMAN	2051 NW 112TH AVENUE, STE 110	□ Add
		SWEETWATER, FL 33172	≣Remove
			Change
			□Remove
			□Change
			□Remove
			Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

f an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	rd 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
	led.
d is f	APRIL 11 . 2022
rd is f	APPH 11 2022

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