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COVER LETTER

TO: Registration Se Division of Cor			
subject: Ri	esev, LLC Name of Limi	ited Liability Company	
The anclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	Steve	Name of Person	<u>-</u>
	Riese	Firm/Company	·
	1424 <	SE 12 Court	
	F+ Lau	olevolale, FL City/State and Zip Code	33316
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E-mail address: (1	to be used for filture annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Steven M Name of	Ricser	at (500) 644- Area Code Daytime	8350 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liab	oility Company w	ere filed on Augs	1st 4,2014	and assigned
Florida document number L 1400012	1549	د ٠	11	
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liabili	ty company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability	Company," the designation	n "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab	ole:			क
(Principal office address MUST BE A STREET)	ADDRESS)		17.13104	<u>2</u> T
Enter new mailing address, if applicable:				COURT OF THE OWNER OWNER OF THE OWNER OF THE OWNER
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			*: 10
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:			name of the new
Name of New Registered Agent:	<u>Stev</u>	en M Ki	ese~	
New Registered Office Address:	1424	SE 12 C Enter Florida street	address	
	FI ha	uderdale	, Florida	3316 ip Code
New Registered Agent's Signature, if changing Reg	gistered 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

or removed from our records:

MGR = Manager AMBR = Authorized Member . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alice M Rieser	1424 SE 12 Count	□ Add
		1424 SE 12 Court Ff Landerdale, FT	Remove
		33316	☐ Change
			Add
			□ Remove
			Change
			Add
			OLVISION OF COMPOSITION OF Remove
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			Change
<u></u>			Add
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Page 3 of 3

Filing Fee: \$25.00