L15 0000 96632

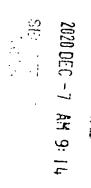
(Rec	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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JA. 1/20/21

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARIEL GIGLIO		
		Name of Person	
	DELUXE REALTY		
		Firm/Company	
	DELUXE REALTY Firm/Company 5485 Wiles Rd. suite 403 Address Coconut Creek, FL 33073 City/State and Zip Code ariel.giglio@deluxerealty.us E-mail address: (to be used for future annual report notification) information concerning this matter, please call: 1 954 623-7527 at (
		Address	
	Coconut Creek, FL 3307	73	
	ariel giglio@deluxerealty		
			otification)
For further information e	oncerning this matter, please c	all:	
Ariel Giglio			
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			Section
Division of C P.O. Box 632	•		orporations
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVER 84 LLC			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	 -
he Articles of Organization for this Limited		02/2015	_ and assigned
lorida document number L15000096632	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company he	<u>re</u> ;	
he new name must be distinguishable and contain the	words "Limited Liability Company." the de	esignation "LLC" or the abbrev	riation "L.L.C."
nter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
		:0	
		36	2021
inter new mailing address, if applicable:			30 (
Mailing address, it applicable: Mailing address MAY BE A POST OFFICE BOX)			-
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		· · · · · · · · · · · · · · · · · · ·	<u>→</u> ::!
3. If amending the registered agent and/or	registered office address on our re	cords, enter the name o	ري. Cthe new regist
gent and/or the new registered office addr		eorda, enter the hame v	-
			$\sigma_{\!\scriptscriptstyle E}$
Name of New Registered Agent:	Ariel Giglio		
New Registered Office Address:	5485 Wiles Rd, suite 403		
	Enter Flor	ida street address	
	coconut creek	Florida 33073	}
	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 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>	Type of Action
MGR	Sharp management group	5485 Wiles Rd, suite 403. Coconut Creek	= Add
		FL 33073	□Remove
			□Change
MGR	MARIA PAPPALETTERA		□Add
			■Remove
			□Change
			□ Add
			□Remove
			□Change
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ective date, if other than the date reflective date is listed, the date must be te: If the date inserted in this block	does not meet the app	licable statutory fili:	more than 90 days after fi ng requirements, this c	ial) ling.) Pursuant to 605.020 late will not be listed a
cument's effective date on the Depar	tment of State's record	1s.		
	an had a second City of		J 11 6.41	77 00d 1 6 d
cord specifies a delayed effective da s filed.	ie, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
NOVEMBER 23RD	2020			
ed		·		
	aufo			
Sign	nature of a member or au	thorized representativ	e of a member	

Filing Fee: \$25.00