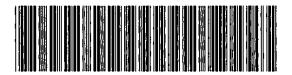
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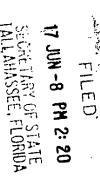
| (Fi                                     | Requestor's Name)       | · · ·  |  |
|---|-------------------------|--|--|
| (A                                      | ddress)                 |  |  |
| (A                                      | ddress)                 | <u>.                                    </u> |  |
| (C                                      | City/State/Zip/Phone #j | 1  |  |
| PICK-UP                                 | ☐ WAIT                  | MAIL   |  |
| (E                                      | Business Entity Name)   |  |  |
| (Document Number)                       |                         |  |  |
| Certified Copies                        | Certificates of         | Status                                       |  |
| Special Instructions to Filing Officer: |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |
|   |                         |  |  |

Office Use Only



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06/08/17--01019--037 \*\*25.00



S. WARREN JUN 0 9 2017

Riverside Tours and Travel LLC

Mary Fowler - Owner

12148 Grasse Street

Jacksonville, FL 32224

Phone: 904-568-7094

Email: traveljacksonville@yahoo.com

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To Whom It May Concern

Please find attached the information and check showing the changes to Riverside Tours and Travel, LLC. When I filled out the information the first-time I listed me as resident agent and wrong address and my mom as the owner. Please correct with attached forms.

Sincerely,

Mary Fowler

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Riverside Tours and Travel LC 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:   |
| Mary Fowler<br>Name of Person   |
| Riverside Tours and Travel L.L.C  |
| 12148 Grasse St.  |
| Jacksonville FL 32224 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at (904) 568-7094  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Scrifficate of Status Stat |

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

| (A Florida Limited L   | iability Company)   |
|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000101</u> 64  |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 12148 Grasse Street   |
| (Principal office address MUST BE A STREET ADDRESS)  | Jacksonville, FL 32224  |
|  |   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  |   |
| Name of New Registered Agent: 500 C  | ria Rye   |
| New Registered Office Address: 3833  | SW77 Blvd Enter Florida street address  |
| Jaspa  | City, Florida 32052 Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  | · · · · · · · · · · · · · · · · · · ·   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |

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 **Title Name Address Type of Action** Mary Fowler 12148 Grasse St. Add Jackson ville FL 32224 Remove ☐ Change MGR Saveria Rye ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove Change □ Add □ Remove

□ Change

| . If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |          |
|---|----------|
| All addresses should be   |          |
| 12148 Grasse St Jacksonville, FL 32224  |          |
|   |          |
| except Registered agent that should be<br>Soveria Reje (my mom) and her address   |          |
| is the 3822 SW77 Blud Jasper FL 3205  |          |
| 13 11 3 3 2 2 300 1 1 BIVA JUSPEF 1- C 5203   | <b>C</b> |
| Also I am the owner Mary Fowle<br>I did it wrong so we are correting<br>Rothe me and mom signed below we  | ~        |
| were not sure which you needed  |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
| Effective date, if other than the date of filing:  (If an effective 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 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed. |          |
| Dated )18MP (2017.  |          |
| Many Signature of a member or authorized representative of a member   |          |
| Mary Fowler Typed or printed name of signee  Saveria Final Typed or printed name of signee  |          |
| Page 3 of 3   |          |
| Filing Fee: \$25.00   |          |