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COVER LETTER

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. 01151020		ELICE PHASE II, LLC		
SUBJECT	<u> </u>	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jennin Gil		
		Saul Ewing Arnstein & L	Name of Person ehr LLP	
		200 S Biscayne Blvd., S	Firm/Company	
		200 3 biscayile bivu., 3	Address	
		Miami, FL 33131		
		jennin.gil@saul.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	all:	
Jennin Gil			305 4284500 at ()	e Telephone Number
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)

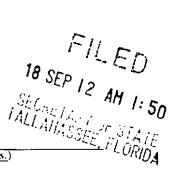
MAILING ADDRESS:

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



CAMPO FELICE PHASE II, 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 $\frac{8/31}{}$	/15 	and assigned
Florida document number L15000148836			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
Riverfront Plaza, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)			
			
D. A. and an all the state of conditional for			
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:			THE HAIRE OF THE HEA
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Floria	la street address	
		, Florida	
	•		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 pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	ny duties, and Lam napter 605, F.S. Or	familiar with and ; if this document is
If Char	nging Registered Age	nt, Signature of New R	egistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added FILED or removed from our records: 18 SEP 12 AH 1: 50
SEGNETION OF ALLAHASSEE, FLORIDA MGR = Manager AMBR = Authorized Member Type of Action Address <u>Name</u> <u>Title</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change ☐ Remove _□ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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ffective date, if other than the c	late of filing:		(optional)	
an effective date is listed, the date must	be specific and cannot be prior	to date of filing or more tha	n 90 days after filing.) Pursuant to 60	5.0207 (
Note: If the date inserted in this blooment's effective date on the Dep	ck does not meet the applic	able statutory filing requ	irements, this date will not be lis	ted as t
ocument's effective date on the Dep	million of State's records	•		
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e record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the earn	ier oi:
The source and the same				
September 11	2018			
Dated	0/1			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00