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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 2358 5W SANTA FE DRIVELL C 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:					
NICHOLAS ARLON PARRISH					
Firm/Company					
112 SEAGRAPE DRIVE					
JACKSOKVILLE, FL. 32250 City/State and Zip Code					
City/State and Zif Code NAPROYOUFLUSH @ AOC. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (904) 497-3278 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2358 SW SANTA (Name of the Limited Lim	FE DRIVE LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 15000/79532</u>	were filed on OCTOBER 22, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil RIVERHOUSE SANT The new name must be distinguishable and contain the words "Limited Liability".	A FE LLC
Enter new principal offices address, if applicable:	• • • •
(Principal office address MUST BE A STREET ADDRESS)	PORT WHITE, FL 32038 US
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	77. 42.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiant with and over ovided for in Chapter 605, F.S. Of It his tocument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			DAdd
			□ Remove
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			47 CAY I OF STATE OF
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. ii ume	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: docum	ve date, if other than the date of filing: ctive 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 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.	the
ine	90th day after the record is filed.	
Dated .	May 8-4 2017	
	1 Lewel	
	Signature of a member or authorized representative of a member	
	NICHOLAS A. PARRISH	
	Typed or printed name of signee	j
	Page 3 of 3	

Filing Fee: \$25.00