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COVER LETTER

TO: Registration Sect Division of Corpe		•		
SUBJECT:	LUBAL RIVER	LVICW, LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	BRANDON KLEIN			
Name of Person				
THE KLEIN GROUP				
Firm/Company				
11776 W SAMPLE ROAD SUITE 105				
		Address		
CORAL SPRINGS, FL 33065				
gita@thekleingroupcpa.com				
	E-mail address: (t	to be used for future annual report notifica	ation)	
For further information cor	ncerning this matter, please ca	all:		
BRANDON KLEIN		954 345-3696 at ()		
Name of F	Person		elephone Number	
Enclosed is a check for the	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

GLOBAL RIVERVIEW LLC		
(<u>Name of the Limited I</u> (A I	iability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on 2-19-2016	and assigned
Florida document number L16000035094		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office		2 3
		15 8 TI
Enter new mailing address, if applicable:		9
Mailing address MAY RE A POST OFFICE RO	<i>x</i> o	
Manual Walleson Maria De Mario De Mario De		
B. If amending the registered agent and/or	registered office address on our record	s, enter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
_		lorida
	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>	Address	Type of Action
MGR	JOHN MARQUEZ	1331 BRICKELL BAY DRIVE #4:	Add
		MIAMI, FL 33131	Remove
			Change
MBR JOHN MARQUEZ 2015 IRREV TRUST	JOHN MARQUEZ 2015 IRREV TRUST	1331 BRICKELL BAY DRIVE # 4	Change Add
	MIAMI, FL 33131	☐ Remove	
			Change
			□ Add
			□ Remove
		□ Change	
			Ad e SSON CONTROLL Rembve
			Add OCHE CORD SALICES
			□ Remove
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		-	Add
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			Change

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Effective date, if other th	an the date of filing	ł		(optional)	
(If an effective date is listed, the Note: If the date inserted in	date must be specific and o	cannot be prior to date of	filing or more than 90 day	s after filing.) Purs	suant to 605.0207 on the belisted as t
document's effective date of	n the Department of St	ate's records.	, , ,	•	
the record specifies a d The 90th day after t	elayed effective da	ate, but not an ef	fective time, at 12	:01 a.m. on t	:he earlier of:
10/14/16	(201/2			
Dated 10/19/16		<u> 2016 </u>			
, 7	1 _				

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Typed or printed name of signee

Filing Fee: \$25.00