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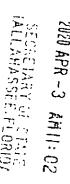
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations		
	RIVERSIDE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TIMOTHY J. MOORE		
		Name of Person	<del></del>
	STUDIO RIVERSIDE, LI	C	
	<del></del> .	Firm/Company	
	10276 RIVERSIDE DRIV	E	
		Address	·
	PALM BEACH GARDEN	RS, FL 33410	
	-u	City/State and Zip Code	
	tim@keatingmoore.com	to be used for future annual report noti	Ention
For further information of	concerning this matter, please c	•	ncauon)
TIMOTHY J. MOORE	onicerning this matter, prease e	561 775-5882	
Name of Person		at ( )	e Telephone Number
Name	or Ferson	Afea Code Dayum	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<del></del>	Street Address:	
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s on our records.)	<del></del>
ARCH 24, 2016	_ and assigned
re:	
esignation "LLC" or the abbrev	viation "L.L.C."
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ecords, enter the name o	f the new regist
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ida street address	
	excords, enter the name o

## 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.

City

Florida

Zip Code

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>	Name	Address	Type of Action
MGR	TIMITHY J. MOORE	6169 EAGLES NEST DRIVE	□ Add
		JUPITER, FLORIDA 33458	
			Change
MGR	JOSEPH M. KEATING	19834 LOXAHATCHEE POINTE DRIVE	□Add
		JUPITER, FLORIDA 33458	□Remove
			\( \exists \) Change
MGR	KATIE SHOBEL	144 ARROWHEAD CIRCLE	<b>≣</b> Add
		JUPITER, FLORIDA 33458	□Remove
			Aphange Aphange
		, td.	Remove
		DR. 55.	Change
			□Add
			□Remove
			□Change
<del></del>			DAdd
			□Remove
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Filing Fee: \$25.00