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(Re	questor's Name)	
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2016 JUL -5 PM 2: 04

K.SALY EXAMINER JUL -7

COVER LETTER

	PAYA ON THE RIVER LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are subi	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	ROB SOCOL		
		Name of Person	
	ARS & ASSOCIATES INC	2	
		Firm/Company	
	20810 WEST DIXIE HIGH	łWAY	
		Address	
	NORTH MIAMI BEACH,	FL 33180	
	ROB@ARSACCOUNTING	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ıll:	
ROB SOCOL		305 653-7350 at ()	
Name	e of Person		: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	7. \$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

2016 JUL -5 PM 2: 04
ALLAHASSEE, FLORIG.

MYAPAPAYA ON THE RIVER 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 05/24/2016 and assigned Florida document number L16000101220 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 address _, Florida _ City

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 DAVID CARDAC	DAVID CARDACI	701 E BROWARD BLVD UNIT K	
		FT LAUDERDALE, FL 33301	■ Remove
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ective date, if other than the effective date is listed, the date in this eument's effective date on the	ust be specific a block does not	nd cannot be prior meet the applic	able statutory f	or more than 90 day		
record specifies a delay he 90th day after the re			ot an effectiv	e time, at 12:	01 a.m. on	the earlier of:
June 20		2016				
		_,)	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00