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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of	n Section Corporations		
CALL THE COMM	tiverhills Tampa, LLC		
SUBJECT:	Name of Limited Liability Comp	pany	
	·		
The enclosed Articles	es of Amendment and fee(s) are submitted for filing.		
Please return all corre	respondence concerning this matter to the following:		
	Richmond C. Flowers	•	
	Name of Pe	rson	
	Adams and Reese LLP		
	Firm/Comp	any	
150 2nd Avenue North, Suite 1700,			
	Address		
	St. Petersburg, FL 33706		
	City/State and Z	ip Code	
	rick.flowers@arlaw.com		
	E-mail address: (to be used for futur	e annual report notification)	
For further information	ion concerning this matter, please call:		
Richmond C. Flower	at (502-8269	
Nai	ame of Person Area C	ode Daytime Telephone Number	
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fee	Certificate of Status Certified C		
Rej Div P.C	egistration Section Friction of Corporations I CO. Box 6327 Co. Box 632314 Co. Box 632314	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 Riverhills Tampa, LLC		
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on July 22, 2016	and assigned
Florida document number L16000138239	,	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
2016 Riverhills Tampa LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		were a
Enter new mailing address, if applicable:	-	<u> </u>
(Mailing address MAY BE A POST OFFICE BC	<u></u>	<u> </u>
		33
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 offic	e audress here:	en en
), Oi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 **Address** Type of Action **Title** <u>Name</u> 14255 U.S. Highway One, Sante 2150 P. Shields Ferber, Jr. MGR **■** Add □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove <u>}</u>□ Add o _□ Remove □ Add □ Remove _□ Change _□ Add □ Remove

☐ Change

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(If an e Note:	Goptional fective date, if other than the date of filing: [Coptional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date then t's effective date on the Department of State's records.	g.) Pursuant	to 605.0 e listed	207 (3 as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the e	earlier	of:
Dated	September 6 , 2016.			
	Signature of a member or authorized representative of a member			

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Typed or printed name of signce

Filing Fee: \$25.00