

L16000194008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

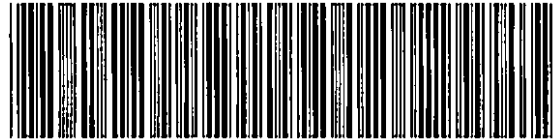
(Document Number)

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09/06/18--01013--007 \*\*52.50

FILED  
2018 SEP 27 AM 11:00  
SECRETARY OF STATE  
HALL MA 01820

M. MILLIGAN

SEP 28 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

RIDINT THE WAVES, LLC  
ATTN: CHERYL CONNER PRESSLY  
2961 PLACIDA ROAD, STE 1  
ENGLEWOOD, FL 34224-8525

SUBJECT: RIDING THE WAVES, LLC  
Ref. Number: L16000194008

We have received your document for RIDING THE WAVES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 418A00018647

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIDING THE WAVES LLC  
Name of Limited Liability Company

9/8  
m-milg

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHEYL CONNER PRESSLY  
Name of Person

RIDING THE WAVES LLC  
Firm/Company

2961 PRACIDA RD, STE 1  
Address

ENGLEWOOD FL 34224  
City/State and Zip Code

cheyl@ridingthewaves-FL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHEYL C PRESSLY at ( 941 ) 270 1800  
Name of Person Area Code Daytime Telephone 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)

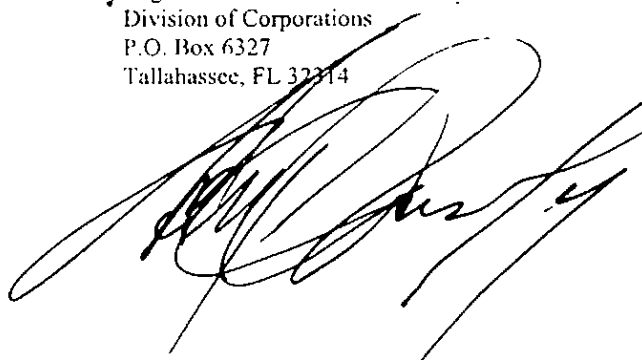
Would you please refund the remaining \$77.50  
to Riding The Waves in care of the above  
address?

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

RIDING THE WAVES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2018 SEP 27 AM 11:00  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10.19.2016 and assigned Florida document number L16000194008

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHERYL CONNER PRESSLY FOR RC+C FLORIDA HOLDINGS LLC	2961 RACINARD STE 1 ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9-24-2018

Signature of a member or authorized representative of a member

RUSSELL L. PRESSLEY

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

SECRET

2018 SEP 27 AM 11:00

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