

116000 223 202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amend/Name  
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JUL 17 2019

I ALBRITTON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2019

LR ACQUISITIONS LLC  
15000 NW 44TH AVENUE  
THIRD FLOOR  
OPA LOCKA, FL 33054

SUBJECT: LR ACQUISITIONS, LLC  
Ref. Number: L16000223202

We have received your document for LR ACQUISITIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 319A00013222

1911

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

Page 1 of 3

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>                      |
|--------------|---------------------------|---------------------|--|
| MGR          | LBRW, LLC                 | 15000 NW 44TH AVE   | <input type="checkbox"/> Add               |
|              |                           | Third Floor         | <input checked="" type="checkbox"/> Remove |
|              |                           | Opa Locka, FL 33054 | <input type="checkbox"/> Change            |
| MGR          | Bridge River Capital, LLC | 15000 NW 44TH AVE   | <input checked="" type="checkbox"/> Add    |
|              |                           | Third Floor         | <input type="checkbox"/> Remove            |
|              |                           | Opa Locka, FL 33054 | <input type="checkbox"/> Change            |
|              |                           |                     | <input type="checkbox"/> Add               |
|              |                           |                     | <input type="checkbox"/> Remove            |
|              |                           |                     | <input type="checkbox"/> Change            |
|              |                           |                     | <input type="checkbox"/> Add               |
|              |                           |                     | <input type="checkbox"/> Remove            |
|              |                           |                     | <input type="checkbox"/> Change            |
|              |                           |                     | <input type="checkbox"/> Add               |
|              |                           |                     | <input type="checkbox"/> Remove            |
|              |                           |                     | <input type="checkbox"/> Change            |
|              |                           |                     | <input type="checkbox"/> Add               |
|              |                           |                     | <input type="checkbox"/> Remove            |
|              |                           |                     | <input type="checkbox"/> Change            |

[illegible]

(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)

Dated May 20, 2019

Typed or printed name of signee