L16000228262

(Re	equestor's Name)	. <u>-</u> -
(Ad	ldress)	
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☐ PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
		

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COVER LETTER

TO:

TO: Registration Division of C			
SUBJECT:	RIVERVIEW ADV	ISORS LLC	•
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	CHAR	LES J LINDSA'	1
	RIVERVIER	ABVISORS LLC	
	***************************************	Firm/Company	
	100 WO	RTH AVENUE, U	NIT 100
	PALM BO	ACH FL 3348 City/State and Zip Code	<u>ک</u>
	_	ZJL C GMAIL . C to be used for future annual report not	
For further informatio	n concerning this matter, please c	·	,
CHARLES	LINDSAY ue of Person	at (203) SSO - Daytim	9200
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
S25.00 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection
_	f Corporations	Division of Co	
P.O. Box 6		The Centre of	Γallahassee
Tallahasse	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 17 138 Fit 2: 13

KIJERVIEW ADVISORS LAC	
(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 December 19, 2016 and assignment 16000238363	gned
Florida document number L16000228262	
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, <u>enter the name of the new</u> agent and/or the new registered office address here:	register
agent and/of the new registered office address here.	
Name of New Registered Agent:	
N Barrian and Office Additions	
New Registered Office Address: Enter Florida street address	
Florida	

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

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address 2023 ATT 20 PH	Type of Action
AMBR	Fern M. Lindsay	100 Worth Ave. Unit 100	□Add
		Palm Beach, FL 33480	Remove
			☐Change
			□ Add
			□ Remove
			Change
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ctive date, if other than the date of filing:		(optio	onal)
effective date is listed, the date must be specific and cannot let the date inserted in this block does not meet the	e applicable statutory	or more than 90 days aner filing requirements, this	thing.) Pursuant to out date will not be list
unent's effective date on the Department of State's			
ord specifies a delayed effective date, but not an ef	ective time, at 12:01 a	.m. on the earlier of: (b)) The 90th day aff
filed.			
August 24 202)		
	- Hi		
Signature of a member	r or authorized represent	ative of a member	

Filing Fee: \$25.00