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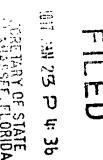
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

₩ TO:

TO: Registration S Division of Co			
	R DEVELOPMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
٠.			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•		_	
	DAVID BOURNS		
		Name of Person	
	DDC RIVER DEVELOPN	MENT LLC	
		Firm/Company	
. •	300 NE 2ND ST		
• •		Address	
	POMPANO BEACH, FL	33060	
		City/State and Zip Code	
	ADMIN@TREVIDGROU	•	. •
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	all:	
DAVID BOURNS		954 545-2229	
Name o	of Person	at () Area Code Dayt	me Telephone Number
Enclosed is a check for the	_		
\$25.00 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)
	ING ADDRESS:		RIER ADDRESS:
Divisio	on of Corporations ox 6327	Registration Sec Division of Corp Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDC RIVER DEVELOPMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000228838</u>	were filed on 12/19/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
		The Linds and th
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
and the state of t	Enter Florida street e	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	- .
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	es, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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
AMBR	NAJY R. KHATER	532 NE 7TH AVE. UNIT 2	XAdd
	·	FT. LAUDERDALE, FL 33301	□ Remove
			Change
			□ Add
			☐ Remove
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DATE SHOULD BE CHANGI	ED TO BE 01/02/20)17.			
					
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ive date, if other than the d	ate of filing:	/2017		_ (optional)	
fective date is listed, the date must be If the date inserted in this bloc	k does not meet the	applicable statutor	ig or more than 90 d y filing requireme	ays after filing.)	Pursuant to 60 ill not be lis
nent's effective date on the Dep	artment of State's re	cords.			
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cord specifies a delayed e 90th day after the recor	d is filed.	at not an enect	ive ume, at 1.	2.U1 d.III. D	n die earl
JANUARY 12	2017				
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2/1/1	14 _	-			
Jaf 10	ignature of a member of	r authorized represen	ntative of a member	Tage man	
DAVID BOURNS	gnature of a member of	r authorized represen	ntative of a member		

Filing Fee: \$25.00