L17-000010284

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

TO:

Registration Section

Div	ision of Cor	porations '	•	
CHOICET.	GEM INDI	AN RIVER SELECT, LLC	. •	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cristina Pocaterra		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
		637 NE 83 Terrace		
			Address	
		Miami, Fl. 33138	C: (6)	
		сросаtетта@indianriversele E-mail address: (City/State and Zip Code ct.com to be used for future annual report not	lification)
For further in	nformation c	oncerning this matter, please ca	all:	
Cristina Poc			786 2466310 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	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)
Re	iling Addres	Section	Street Address: Registration So	
	vision of C D. Box 632	orporations 7	Division of Co The Centre of	-
	llahassee, l		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303



November 3, 2020

CHRISTINA POCATERRA 637 NE 83 TERRACE MIAMI, FL 33138

SUBJECT: GEM INDIAN RIVER SELECT, LLC

Ref. Number: L17000010284

We have received your document for GEM INDIAN RIVER SELECT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 220A00021991

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

٠.

GEM INDIAN RIVER SELECT, LLC (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 01/12/2017 and assigned Florida document number 127 700010284 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INDIAN RIVER SELECT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: SCOTT TURNBULL Name of New Registered Agent: 759 S.W. Federal Hwy., Suite 106 New Registered Office Address: Enter Florida street address Stuart . Florida <u>.....</u>

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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Bradd Lexer		Signature of a member or authorized representative of a member
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Filing Fee: \$25.00