

L17000154290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

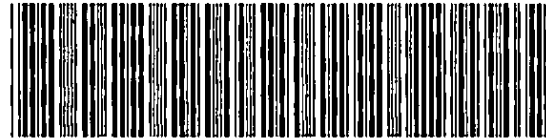
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Marisol Riviere
to add suffix LLC to
new name 11/30/17

Office Use Only



300305905483

11/27/17--01027--021 **25.00

FILED
17 NOV 30 AM 2:32

O. SIMMONS

NOV 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

LUIS RIVERA
11310 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837

SUBJECT: RIVER CRAFT ORLANDO, LLC
Ref. Number: L17000154290

We have received your document for RIVER CRAFT ORLANDO, 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):

The name of a Limited Liability Company must end with the words "Limited Company" or "Limited Liability Company" or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00024097

MAIL ASSISTANT

2017 NOV 30 PM 2:02

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: River Craft Orlando, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Luis D. Rivera

Name of Person

River Craft, LLC

Firm/Company

11310 South Orange Blossom Trail

Address

Orlando, FL 32837

City/State and Zip Code

rivercrafterlando@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis D. Rivera

at (407) 912-5168

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)

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**

River Craft Orlando 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 7-19-17 and assigned
Florida document number L17000154290

This amendment is submitted to amend the following:

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

River Craft LLC

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)

10720 Ramblewood Road

Orlando, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11310 South Orange Blossom Trail

#185

Orlando, FL 32837

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:

LUIS D. RIVERA

New Registered Office Address:

10720 RAMBLEWOOD ROAD

Enter Florida street address

ORLANDO


City

Florida 32837

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>
MGR	Marisol Rodriguez	2873 Falling Tree Circle	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis D. Rivera	10720 Ramblewood Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED
NOV 30 2011
AT 3:32 PM


17 NOV 30 AM 12:00

100

17 NOV 30 AM 2:32

(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)
 Notes: If the date is inserted in this block, the registrant must file the registration statement on or before the date specified.

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


Signature of a member or authorized representative of a member

Marisol Rodriguez
Typed or printed name of signer