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## **COVER LETTER**

Division of Co	rporations		
subject: <i>Rivac</i>	- City Reatty Name W Lim	E Property Man ited Liability Company Sp	agement of the
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person Realty & Propers Space Coast, L Firm/Company	ty Management
	4547 S. 7	Appkins Auc.  Address	<del></del>
	Titusville	FZ 3278 O City/State and Zip Code	)
	Mary Dasiya E-mail address: (	Realtore gnail. to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	ail:	
Mary E.	Da&/va f Person	at ( <u><b>321</b></u> ) <u>693 -</u> Area Code Daytime	7005 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectin Section Section Section Section Section Section Section Section

### MAILING ADDRESS:

TO:

**Registration Section** 

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 City Realte & Properte (Name of the Limited Liability Compa (A Florida Limited I	ov as it now appears on our records)
(A Florida Limited I	Liability Company) Space Coast, Lu
The Articles of Organization for this Limited Liability Company	were filed on $10/13/17$ and assigned
Florida document number <u>L/70002//07</u> /	
This amendment is submitted to amend the following:	'
A. If amending name, enter the new name of the limited liab	ility company here:
The same of the sa	
The new name must be distinguishable and contain the words 'Limited Liabil	(a) 1
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	26
	<u> </u>
	ا مِن
Enter new mailing address, if applicable:	(.) 
(Mailing address MAY BE A POST OFFICE BOX)	
	i
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<b>:</b>
-2	
Name of New Registered Agent: //arc	1 E. Dasilva
New Registered Office Address: 4547	S. Hopkins Aue
	Enter Florida street address
_T/25	ville, Florida_32780
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre	
provisions of all statutes relative to the proper and complete	performance of my duties, and I am familiar with and
eccept the obligations of my position as registered agent as p	rovided for in Chapter 605, F.S. Or, if this document is

f Changing Registered Agent, Signature of New Registered Agen

eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

MGR = N	Manager		
AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<u> </u>	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	-a 1
17. QCT 25 T	-
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عبر العالمي ال	_ ,
C. Effective date, if other than the date of filing:  (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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	)7 (3)(b) is the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	of:
Dated <u>Betober 25</u> , 2017.	
Signature of a member or authorized representative of a member	
Mary E. Dasiva	

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Filing Fee: \$25.00