

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210001609633ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Customer @ abkcorp.com

2021 MAY 13 PM 4:47  
SECRETARY OF STATE  
CORPORATION, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RI FLORIDA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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CORPORATION, FL

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SECRETARY OF STATE  
CORPORATION, FL

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5/14/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RI FLORIDA INVESTMENTS, 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:

STEPHANIE CASTRO

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD, STE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

customer@abkcorp.com

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

For further information concerning this matter, please call:

STEPHANIE CASTRO

at ( 407 ) 898-1757

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 MAR 13 PM 1:47  
REGISTRATION SECTION  
TALLAHASSEE, FL

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REGISTRATION SECTION  
TALLAHASSEE, FL



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>
MGRM	RICHARD JAMES S B CARIDA	5353 Dove Tree St	<input checked="" type="checkbox"/> Add
		Orlando, FL 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECURITY  
FBI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*[This section contains horizontal lines for amendments, which are crossed out with a large diagonal line.]*

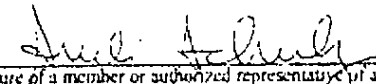
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TAMPA COUNTY  
CLERK OF COURT

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2021 MAY 13 PM 1:50  
RECEIVED  
TAMPA COUNTY  
CLERK OF COURT

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional).  
(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)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 21, 2021

  
Signature of a member or authorized representative of a member

SUE LI SCHULZ BRABO CARIDA

Typed or printed name of signee