L17000240297

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

6/16/2025

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VONNIEDA HOLDINGS, 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:

TODD VONNIEDA
Name of Person

VONNIEDA HOLDINGS, LLC
Firm/Company

5570 FLORIDA MINING BLVD. S #409
Address

JACKSONVILLE, FL 32257
City/State and Zip Code

reedrywall@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd vonNieda at (904) 622-8094
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2025

TODD VONNIEDA
5570 FLORIDA MINING BLVD. S #409
JACKSONVILLE, FL 32257

SUBJECT: VONNIEDA HOLDINGS, LLC.
Ref. Number: L17000240297

We have received your document for VONNIEDA HOLDINGS, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P07000118381.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 825A00011134

Claretha.Golden@dos.fl.gov

email letter to her

Subject line

JUNE 11, 2025

TODD VONNIEDA
3182 JULINGTON CREEK RD.
JACKSONVILLE, FL 32223

I authorize VONNIEDA HOLDINGS, LLC. to change its name to RIVER CITY COMPANIES, LLC. Both VONNIEDA HOLDINGS, LLC document number L17000240297 and RIVER CITY COMPANIES, INC. document number P07000118381 are wholly owned by Tammy vonNieda and Todd vonNieda.

Please proceed with the name change as soon as is possible.

Todd vonNieda

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me by means of online notarization on 6-11-25 by Todd vonNieda, who presented a Florida Driver License as identification.

(Signature of Signer)

GREGG HOWARTER
MY COMMISSION # HH 644396
EXPIRES: May 22, 2029

Todd vonNieda
(Full Name of Signer)

Gregg Howarter
6-11-25

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 JUN 16 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FL

VONNIEDA HOLDINGS, 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 11/21/2017 and assigned Florida document number L17000240297.

This amendment is submitted to amend the following:

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

RIVER CITY COMPANIES, 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)

5570 FLORIDA MINING BLVD. S #409
JACKSONVILLE, FL 32257

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5570 FLORIDA MINING BLVD. S #409
JACKSONVILLE, FL 32257

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

E. Effective date, if other than the date of filing: 4/10/2025 **(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 MARCH 25, 2025.

Signature of a member or authorized representative of a member

TODD VONNIEDA

Typed or printed name of signee

Filing Fee: $25.00