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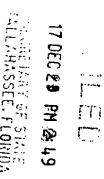
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## **COVER LETTER**

FO: Registration Section Division of Corporations
SUBJECT: South east Woodworks, 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:
Sean Reeves Name of Person
Name of Person
Firm/Company
13720 Old Saint Augustine Road
Address
Jacksonville Florida 32258 City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Sean Rearg at (850) 525-1943  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

Southe	east Woodworles, LLC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on $\frac{1/27/17}{}$ and assigned
Florida document number <u>L17000</u> 242	<u>-16</u> . †
This amendment is submitted to amend the following	i;
A. If amending name, enter the new name of the l	limited liability company here:
River	- City Group, LLC
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	
Trincipal office undress stort ID2.4 STREET AD	
Enter new mailing address, if applicable:	<b>∑</b> <u>⊸</u>
(Mailing address MAY BE A POST OFFICE BOX)	
STAILING BEAT OF THE BOAY	35.0
	<u> </u>
R. If amending the registered agent and/or re	egistered office address on our records, enter the same of the new address here:
registered agent and/or the new registered office a	uddress here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
<u> </u>	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Change
			□ Remove
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Filing Fee: \$25.00